

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE

10 mg 10 AS 8: 57

SEOPETARY OF STATE

Please type or print legibly. Instructions are included on back of application.

	business is: MRV MAI	NTENANCE
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name MITCHELL ROY VOGL	
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Submit Certificate of Assumed Business	
4.	The name and address to which future correspondence should be addressed: MITCHELL ROY VOGL PO BOX 1172	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt ·
Siana	ture: 3. "200 /	Secretary of State use only
	ed Name: MI. H. VOG L	
	city/Title: OWNER/LABORER	
Signa	ture:	IDANO SECRETARY OF STATE 95/10/2012 95:99 CK: 7418 CT: 158010 BH: 1323566 1 8 25.88 = 25.88 ASSUM NAME # 2
	city/Title:	D 155502