

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 OCT -6 AM 8: 39

SECRE BRY OF STATE STATE OF IDAHO

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

The assumed business name which the undersigned business is: Patrick Wood Works	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Sean Patrick MeCoy 1832 Bond	entity or individual(s) doing Complete Address Moon Shadow Rd, Mas Ferry Id. 83805
3. The general type of business transacted under the Retail Trade	
4. The name and address to which future correspondence should be addressed: Sean P. M. Coy 1832 Moon Shadow Rd. Branes Ferry Jd. 83805	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Alán MCV	Secretary of State use only
Printed Name: Sean P. McCov	
Capacity/Title: Owner	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	10/06/2010 05:00 CK: 18247 CT: 251809 BH: 1241939 1 0 25.00 = 25.00 ASSIM NAME # 2
Capacity/Title:	1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev.07/2010

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