

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. FILED FFECTIVE 2007 JUN -4 AM 9: 16

SECRETARY OF STATE STATE OF IDAHO

	UANU I
The assumed business name which the undersign business is:	med uso(a) in the towns of
business is:	ned ase(s) in the transaction of
NI Markers Misser	
- DIONSON MIRAGE E	XPRESS
2. The true name(s) and business address(es) of the	e entity or individual(s) doing
business under the assumed business name:	and the state of t
A Name	Complete Address
MAND 1 MONGO	200 - Complete Address
LANTAIN C. 2 LOUX)	183N. 2400 W. MAJAD ID 8325
	70-
3. The general type of business transacted under the	
A Second State of Promison Religion Cled Glidel Bis	e assumed dusiness name is:
Retail Trade Transportation and P	lublia i littiti
	donc Ounces
☐ Wholesale Trade ☐ Construction	
☐ Services ☐ Agriculture	Sub-wit O-wis
☐ Manufacturing ☐ Mining	Submit Certificate of
	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
A) M	Basement West
1) MONKAN MIRANE HYDDECC	PO Box 83720
Callanda Att	Boise ID 83720-0080
LO ISLANT JULONSON	208 334-2301
	200 007-2001
S. Nome and address for the control of the control	the state of the s
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	208-351-8744
	35/-0.797
	Secretary of State use only
	•
7 2 11	
Signature: Jana Manson	
(signaluri required)	
Printed Name: // IANA MONSON	
	IDAHO SECRETARY OF STATE
Capacity/Title:	06/04/2007 05:00
(see instruction # 8 on back of form)	CK: 898 CT: 213996 BH: 1057783 1 8 25.80 = 25.88 ASSUM MANE # 2