

Printed Name:

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

	File.
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na Please type or print legibly. NOTE: See instructions on reverse before filing.	ned
. The assumed business name which the undersigne business is:	d use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the enduriness under the assumed business name: Name Steven R. Morgan Jeni L. Morgan Sau	ntity or individual(s) doing Complete Address Fruett Ave Salmon, ID 83467 M.C.
Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Steven R. Morgan H. Lafauette Ave Salmon LD 83467	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208-756-8544
mature: Or A Ma	Secretary of State use only

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95/13/2002 05:00

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