

CERTIFICATE OF ASSUMED BUSINESS NAME

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

27	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. Instructions are included on back of appli	e undersigned usiness Name.
The assumed business name which the und business is: Mineral Property Evaluation	ersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u> Michael G. Doran	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Michael G. Doran 3953 S. Summerset Way, Boise,ID 83709	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: Michael G. Doran Capacity/Title: Consultant	Secretary of State use only
Signature: Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 12/11/2012 05:00 CK: CASH CT: 158010 BH: 1350919 1 0 25.00 = 25.00 ASSUM NAME # 2