

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF

CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned MAY -7 AM 8: 39 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

SIATE STATE OF IDAHO

	paiwolly now.
The true name(s) and business address(e business under the assumed business name	me:
Name	Complete Address
William J McCay	1248 North Andrew Ave
)	Kunn to 83634
The general time of business franchists	inder the assumed husiness name is:
The general type of business transacted u	under the assumed business name is.
Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
_	Basement West PO Box 83720
1248 North Andrew A	Boise ID 83720-0080
-Xunia ID 83634	208 334-2301
nny ann aigh	
208 922-9193	Phase and the second
i. Name and address for this acknowledge	ment Phone number (optional):
	ment Phone number (optional):
5. Name and address for this acknowledge	nent Phone number (optional):
5. Name and address for this acknowledge	ment Phone number (optional): Secretary of State use only
5. Name and address for this acknowledge	Secretary of State use only
5. Name and address for this acknowledge copy is (if other than #4 above):	Secretary of State use only
5. Name and address for this acknowledge	

IDAMO SECRETARY OF STATE 95/97/2003 95:90 CK: 4001 CT: 150010 BH: 679099 1 0 25.00 = 25.00 ASSUM MANE # 2