

Printed Name: \_\$\frac{1}{2}\ell 1

(see instruction #8 on back of form)

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME ILED/EFFECTIVE

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

2003 JUN 12 AM 8: 23

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The true name(s) and business address(es) of business under the assumed business name:  Name  M.Chael + January Molina 5/	the entity or individual(s) doing  Complete Address  Lo Sanith Cyclik Rd., Sandpoin
The general type of business transacted under  Retail Trade	
The name and address to which future correspondence should be addressed:  Smith Creek Rd.  Sandant 10 83864	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
i. Name and address for this acknowledgment	Phone number (optional): 204-255-2860

Molina

IDAHO SECRETARY OF STATE **96/12/2893 95:99** CK: 3223 CT: 158910 BH: 685566 1 9 25.00 = 25.00 ASSUM MARE # 2

