CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the ungertage of Section 53-504 idaho Code, the ungertage of Section Section 54-504 idaho Code, the

	gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Mulligan Crane and Fa	miprient	u i
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u> <u>Cor</u>		e Address
	Michael R. Mulligan Po Box ;		Ketchum 118
		Po Box 2123 Ketchum 118 121 Short Swing Lane 83340	
3.	3. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	· ' '	rtation and Public Utilities , Insurance, and Real Estate
4.	4. The name and address to which future Phone number (optional): 208 126 - 9137 correspondence should be addressed:		
	MICHAEL R. MULLIGAN		
	PO BOX 2123	Ass	mit Certificate of umed Bu siness ne and \$20.00 fee to:)
	KETCHUM ID 83340	800	roton, of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		retary of State West Jefferson ement West
			Box 83720
	Same		se ID 83720-0080 334-2301
		Se	cretary of State use only
		IDAN	SECRETARY OF STATE
Signatu	ure: Di Dolly	25 CX: 5160	15/2000 09:00 CT: 131112 BH: 317948
Printed	Name: Michael R. Mullicyan		1.88 = 28.88 ASSUM NAME II 2
	ity: <u>Dwner</u>	pVorms\abn.p05	D 35829
s- e e	(see instruction # 8 on back of form)	рМогл	