

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name (17.28 PH 1:21

Please type or print legibly. Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF INAM.

HOTE: Occ monutes one	STATE OF IDAHU
The assumed business name which the understandard business is: Magic 10	
The true name(s) and <u>business</u> address(es) of to business under the assumed business name: Name	f the entity or individual(s) doing <u>Complete Address</u>
	17 Lowell Ln. #2 Nampa, ID. 83684 17 Lowell In. #2 Nampa, ID. 83684
3. The general type of business transacted under Retail Trade Transportation an	er the assumed business name is: and Public Utilities
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Tim Suchla	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than #4 above):	
	Secretary of State use only
Signature: 7. Associated (signature required) Printed Name: 5. L. L. L. G. Capacity/Title: 5. L. L. G. (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE 10/29/2002 05:00 CK: CASH CT: 158810 BH: 643103 1 9 20.08 = 20.08 ASSUM NAME #
Signature:	PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):