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## CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIV

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

Please type or print legibly NOTE: See instructions on reverse but 1. The assumed business name which the business is:  Services, etc.	STATE STATE STATE undersigned use(s) in the transaction of
The true name(s) and business address business under the assumed business representations	· · · · · · · · · · · · · · · · · · ·
Name	Complete Address
Evan Merkley	175 N 300 W PO Box 1283
Christie McCurry	175 N 300 W PO Box 1283
Terri Merkley	175 N 300 W PO Box 1283
Manufacturing Mining Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed:  Evan Merkley  PO Box 1282  Blackfoot, ID 83221	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	gment Phone number (optional):  (208) 785-1809
	Secretary of State use only
rignature: Erm Mewley (signature required)  rinted Name: Evan Merkley  capacity/Title: Owner (see instruction # 8 on back of form)	-