

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

2014 MAY -7 AM 8:31

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Magee's Place	
2. The true name(s) and <u>business</u> ac business under the assumed business <u>Name</u> Matthew Magee	Idress(es) of the entity or individual(s) doing ness name: Complete Address 794 Willard Ave Pocatello, ID 83201
Retail Trade Trans Wholesale Trade Cons	sacted under the assumed business name is: sportation and Public Utilities struction culture Submit Certificate of
Finance, Insurance, and Ref. 4. The name and address to which for correspondence should be address. Matthew Magee 794 Willard Ave Pocatello, ID 83201	uture Secretary of State
5. Name and address for this acknown copy is (if other than # 4 above):	vledgment
gnature: Matthew HM les	Secretary of State use only
nted Name: Matthew Magee pacity/Title: owner pnature:	IDANO SECRETARY OF STATE 05/07/2014 05:00 CK:539989 CT:158010 BH:142 16 25.00 = 25.00 ASSUM NAM
inted Name:	

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Capacity/Title: