

## CERTIFICATE OF ASSUMED BUSINESS NAME OF PHILE: 57

Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(signature required)
DAVID MCNEAL

**OWNER** 

(see instruction # 8 on back of form)

Printed Name: \_\_

Capacity/Title:\_\_\_

The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name  Name  DAVID MCNEAL	Complete Address  2553 HAVEN DR  EAGLE ID 83616
The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture	nder the assumed business name is:  and Public Utilities  Submit Certificate of
Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West
DAVID MCNEAL	PO Box 83720 Boise ID 83720-0080
2553 HAVEN DR	208 334-2301
EACLE ID 93616	
EAGLE ID 83616  Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):

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IDAHO SECRETARY OF STATE 07/26/2002 05:00 CK: CASH CT: 158010 BH: 479360 8 20.00 = 20.00 ASSUM NAME # 2

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