



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

04 NOV -3 AM 10:17

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

M + R INVESTMENTS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>ROBIN S. PATRICK</u>	<u>12376 W. LACHLAN ST. BOISE, ID 83709</u>
<u>MEGAN RICHMOND</u>	<u>1529 RALFROY ST. BOISE, ID 83705</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

MEGAN RICHMOND
P.O. Box 5652
BOISE, ID 83705

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 acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 850-5145

Signature: _____

Robin S. Patrick
(signature required)

Printed Name: _____

ROBIN S. PATRICK

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

1081588

IDAHO SECRETARY OF STATE
11/03/2004 05:00
CK: 4753 CT: 158010 BH: 774636
1 @ 25.00 = 25.00 ASSUM NAME # 2