



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

10 MAR -3 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Twin Buttes Spine

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

Name _____

Complete Address

~~Carrie Anne Murphy~~

1854 W. 35 S. Blackfoot, Id. 83231

Robert Martin Murphy

1051 W. 35 S. Blackfoot, Id. 83221

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

Twin Butte Spire

1051 W. 35 S.

Blackfoot, Id. 83221

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature:

Carrie Murphy
(signing required)
Carrie Murphy

Printed Name:

Carrie Mathews

Capacity/Title:

Questions

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
 03/03/2010 05:00
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