

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 MOV 25 AM 9: 17

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:  Maple Hill	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name  Name  Magan Ritey	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Maple Hill  233 S 3 8  Residual IN 83440	Secretary of State 450 North 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: Megan ERVI Printed Name: Megan ERVI	Secretary of State use only
Capacity/Title: busher / Cavegiver Signature:	IDANO SECRETARY OF STATE
Printed Name:	CK: 1673 CT: 264446 BH: 1299354 1 8 25.80 = 25.80 ASSUM MAME #

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