

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FM FO SFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 06 JAN 27 PM 2: 49

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

195939

| 1. The assumed business name which the unbusiness is:  GoLD Key   |  |
|---|--|
| 2. The true name(s) and business address(e business under the assumed business name  Name  MARY E. Reich  michael A. Reich  | es) of the entity or individual(s) doing me:  Complete Address  5541 N. Schubert Ave, Meridian, FU 83648 5541 N. Schubert Ave, McRidian, FU 83648  |
| 3. The general type of business transacted u  Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | on and Public Utilities  Submit Certificate of Assumed Business  |
| 4. The name and address to which future correspondence should be addressed:  MARI (OR) Michael Reich  5541 N. Schubert Ave  MERI SIAN, ID 83442                                     | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  |
| <ol> <li>Name and address for this acknowledgme<br/>copy is (if other than # 4 above):</li> </ol>   | ent Phone number (optional):   |
|   | Secretary of State use only  |
| Signature: Seich  Printed Name: MARI Reich  Capacity/Title: Resident  (see instruction # 8 on back of form)   | Secretary of State   State |