7	
CERTIFICATE OF ASSUMED BUSINESS NAM	$E \xrightarrow{M_{M}} A^{PR} 22 \xrightarrow{AM} 8: 47$ $M_{M} = D_{AHO} A^{TE}$ $M_{M} = D_{AHO} A^{TE}$ $M_{M} = M_{M} =$
ASSUMED BUSINESS INAIVI	ned "* APA 22
Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na	me 4/1 8:1-
Please type or print legibly.	41
NOTE: See instructions on reverse before filing.	IF IT ATE
24/40 m	
 The assumed business name which the undersigned business is: Sam Mc Gees 	luse(s) in the transaction of
2. The true name(s) and business address(es) of the el	ntity or individual(s) doing
business under the assumed business name:	Complete Address
Name	
Lisa & Steve Troxel 8995	
Hui	yden, JD 83835
 3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future 	
correspondence should be addressed:	700 West Jefferson
·	Basement West
Sam Mcbees	PO Box 83720
8995 Finucane Dr.	Boise ID 83720-0080 208 334-2301
Hunder TD 83835	200 334 2001
 Name and address for this acknowledgment COPY IS (if other than # 4 above). 	Phone number (optional):
	Secretary of State use only
Signature: <u>Signature</u> Printed Name: <u>Lisa Troxel</u> Capacity/Title: <u>Owner</u>	
Signature:	
Capacity/Title: Owner	
(see instruction # 8 on back of form)	1 6 20'80 = 20'80 ♦\\\60331 Cref#120016 CK#150 ♦\\555\5604 02 = 60 8\ LHE SECKELVKA OK 2141E •\\60331 Cref#2rkK OK 2141E
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