## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

## To the SECRETARY OF STATE, STATE OF IDAHO

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 MIR 20 PH 2: 45

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

## STEVENS PIERCE & ASSOCIATES

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

Name

Complete Address

Ruth S. Pierce, CPA, Chtd.

160 Main Ave. North P.O. Box 145 Twin Falls, ID 83303-0145

The general type of business transacted under the assumed business name is: 3. (mark only those that apply)

☐ Retail Trade ☐ Wholesale Trade ☐ Services	☐ Manufacturing ☐ Agriculture ☐ Construction	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
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4. The name and address to which future correspondence should be addressed:

Phone number (optional):

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

> J. Walter Sinclair Benoit, Alexander, Sinclair P.O. Box 366 Twin Falls, ID 83303-0366

Signature: Printed Name: Rath S. Pierce

Capacity: President

(see instruction #8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

<u>lbaho secretary of state</u>

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