

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Service 29	AM o.
Short OF BY	1. 0. 39 1. JATE

Please type or print legibly.	$\hat{S}_{h,m}$
NOTE: See instructions on reverse before	e filing.
I. The assumed business name which the und	
business is	oralghed dae(s) in the transaction of
Focus Services Grous	
2 The true name(s) and <u>business</u> address(es)	of the entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Justin Hopkins	1520 W. Peppermint Dr.
Lindsay Hopkins	Boise, 10 83709
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Justin Hopkins   1520   V. Peppermint Dr. 1800se, 10 83709	Submit Certificate of Assumed Business Name and \$26.60 fee to: \$\frac{25.00}{25.00}\$  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
Copy is (if other than #4 above):	
	323-6386
	Secretary of State use only
	\$90

gricorpiformstabn formstabr Revised 01/2001

IDAHO SECRETARY OF STATE 05/06/2003 05:00 CK: 1883 CT: 158010 BH: 678942 1 0 25.00 = 25.00 ASSUM NAME # 2

D65/46