

Signature:__

Capacity:

Printed Name:

(see instruction # 8 on back of form)

CERTIFICATE OF

ASSUMED BUSINESS NAI Pursuant to Section 53-504, Idlaho Code, the under submits for filing a certificate of Assumed Business	ME FILED/EFFECTIVE
ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Names Please type or print legibly. NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersign business is: Response Apital	1000.747
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name NANCY NEUKUM 380 Coec	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: NANCY Neukum 3805 S. Up I Flogge Creek Rd Creux d'Alene ID 83814	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 copy is (if other than # 4 above):	Phone number (optional):
-A - M - Se va	Secretary of State use only

IDAHO SECRETARY OF STATE 09/05/2001 05:00 CK: 2892 CT: 158854 BH: 417333 1 8 28.88 = 28.88 ASSUM NAME # 5