

Capacity/Title:

Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 AUG -3 AM 8: 56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF DAHO

	Accounting Solutions	
The true name(s) and business ac business under the assumed business  Name		
Anne Swafford	Complete Address 19471 N Midland Blvd. Caldwell, ID 8	33605
Anno Gwanera	1047 F Wildiand Divd. Caldwell, ID C	
		~
3. The general type of business tran	sacted under the assumed business name is	:
Retail Trade Tran	sportation and Public Utilities	
o.codiodat	struction	_
	culture Submit Certificate of	
Manufacturing Mini	Name and COT OO feets	
Finance, Insurance, and Re	al Estate	
<ol> <li>The name and address to which for correspondence should be address</li> </ol>		
Accounting Solutions	PO Box 83720	
19471 N Midland Blvd.	Boise ID 83720-0080	
Caldwell, ID 83605	208 334-2301	
5. Name and address for this acknowledge.	owledgment Phone number (optional):	
COPy is (if other than #4 above).	208-283-3624	
	Secretary of State use of	nly
	99	
	ms/ann forms/abn p65	
ignature: Annu Swaffa (signature/teguired)	Asset O4/2003	
rinted Name: Anne Swafford	TRANG CECPET	'ADV AF 8***

DAMO SECRETARY OF STATE

08/03/2005 05:00

CK: 3868 CT: 158810 BH: 824699

1 0 25:00 = 25:00 ASSUM NAME # 2

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