Capacity:_

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSU (Please type or print legibly.		s on reverse \
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.			
1.	The assumed business name which the ubusiness is: IDAHO TRUST SERVICES	undersigned use	$\Sigma T \cup \Omega$
2.	t. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Pacific Northwest Inst	P.O. Box 1094	nplete Address
	Services, Comporation	Boise, ID 83701	0F 10AH0
	(C 136995)		09
3.	. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacture Wholesale Trade Agriculture Services Constructio	Fina	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future Correspondence should be addressed: Phone number (optional):		
	Idaho Trust Services		Submit Certificate of
	967 E. Parkoenter Blvd. #311		Assumed Business Name and \$20.00 fee to:
	Boise, ID 83706-6700		Secretary of State
5.	Name and address for this acknowledgment copy is (if other than #4 above): To West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
		Q.	Secretary of State use only
	()	Revision 12/99	
Signatu	ure: MUSUBL	, g	100HO SECRETARY OF STATE
Printed	Name: M. Dressen	<u> </u>	Ø3/20/20@1 Ø9:00 CK: 20147 CT: 40819 BN: 385988

CK: 28147 CT: 48819 BH: 385988

1 # 20.08 = 20.08 ASSUM MANE # 2

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