

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**  
2003 FEB -7 AM 9:03  
SECRETARY OF STATE  
STATE OF IDAHO

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

Hardvark Legal Support Service

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

Name	Complete Address
<u><del>Hardvark Bail Bonds</del></u>	<u>47 West 317 South</u>
<u>Patricia M. Lawley</u>	<u>Jerome, Idaho 83338</u>

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

47 West 317 South  
Jerome, ID 83301

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

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

Phone number (optional):

208-324-2026

Signature: \_\_\_\_\_

Patricia M. Lawley  
(signature required)

Printed Name: \_\_\_\_\_

Patricia M. Lawley

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn forms\abn.p65  
Revised 07/2002

IDAHO SECRETARY OF STATE  
02/07/2003 05:00  
CK: 2282 CT: 146686 BH: 661523  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D62278