

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.

(see instruction # 8 on back of form)



Gem Sta	te Property Management Services
The true name(s) and business a business under the assumed bus	ddress(es) of the entity or individual(s) doing iness name:
Name	Complete Address
Gem State Collection Agency, Ir	241 SW 3rd St.
c 98007	PO Box 205
	Fruitland, ID 83619
Retail Trade Trar	sacted under the assumed business name is: sportation and Public Utilities
Services Agr Manufacturing Min Finance, Insurance, and Re	Name and \$25.00 fee to:
 The name and address to which correspondence should be addre Gem State Collection Agency, Inc. 	700 \\/ = 4 \ \= 65 = = =
PO Box 205	Boise ID 83720-0080
Fruitland, ID 83619	208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	owledgment Phone number (optional): 208-452-7071
	Secretary of State use only
	IDAHO SECRETARY OF STATE 03/09/2004 05:6 CK: 1889 CT: 158810 BH: 73
ignature: (signature required)	
rinted Name: Jeretta Shoemaker	LIDAHO SECRETARY OF STATE
apacity/Title: Owner/President	03/09/2004 05:(CK: 1889 CT: 158810 BH: 73
(see instruction # 8 on back of form)	