

Signature:

Printed Name: \_

Capacity/Title:\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME



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

05 APR -7 PH 3:21

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(signature required)
Michelle R. Finch

Secretary-Finch & Broadbent P.A.

(see instruction # 8 on back of form)

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Finch & Associ	ates Law Office
The true name(s) and business address(es) business under the assumed business name  Name  Finch & Broadbent, P.A.	of the entity or individual(s) doing e: Complete Address 103 W. Idaho, Boise,Idaho 83702
. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Finch & Associates Law Office  103 W. Idaho Boise Idaho 83702	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme	nt Phone number (optional):
5. Name and address for this destrict reaging	
CODY IS (if other than # 4 above).	

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IDAHO SECRETARY OF STATE
24/07/2006 05:00
CK: 11711 CT: 48101 BH: 948063
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