CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

FILED To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the under

gives notice of adoption of a	n Assumed Business Name.
The assumed business name which the undersigned use(s) in the transaction of business is:	
Debt Solutions Fine	ANCIAL MANAGEMENT GOOD
The true name(s) and business address business under the assumed business.	• •
EDWARD SNYDER	Complete Address 2422 - 121 AVE. ROAD # 126
	NAMPA, 1D 83686
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
☐ Retail Trade ☐ Manufactu ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Constructi	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
2422-12TH AUG RD # 12 NAMPA 10 83686	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgr copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDANO SECRETARY OF STATE
Signature: Thereof Day	5 (23/19/1999 (29:00) 6 CK: 1531 CT: 112835 BH: 198734 1 0 28.00 = 28.00 ASSUM MANE # 3
Printed Name: EDWARD D SNYDER	
Capacity: DROPALETOR	0 24134