

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

GALED EFF S. FIVE

SECRETAITY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the und business is-	lersigned	use(s) in the transaction of
Idaho Bail Agent Association		
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam  Name  Anytime Bail Bonds, Inc.	of the en e: 500 Rivervi Boise, Idaho	Complete Address
3. The general type of business transacted un	der the as	ssumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed-  Dave Armstrong  500 Riverview Drive Boise, Idaho 83712  5. Name and address for this acknowledgme COPY is (if other than # 4 above):		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  Phone number (optional):
Signature:  Printed Name: David Armstrong  Capacity/TitlePresident  (see instruction # 8 on back of form)	g:corp/forms/abn formd/abn p65 Revised 09/2002	Secretary of State use only  IDAHO SECRETARY OF STATE  96/19/2903 95:90  CK: 5383 CT: 140465 BH: 685248  1 9 25.89 = 25.89 ASSUM NAME # 2

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