

CERTIFICATE OF ASSUMED BUSINESS NAME

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

4 TL	Please type or print legibly. NOTE: See instructions on reverse be	
on. The		ndersigned use(s) in the transaction of
	Youth Alternative Court	5th Judicial District
2. The bus	e true name(s) and business address(e siness under the assumed business name Name Trish Borresen	es) of the entity or individual(s) doing me: Complete Address 1354 Olympia Dr. Jerome, ID 8333
3. The	Wholesale Trade	Submit Certificate of Assumed Business
4. The corre	Finance, Insurance, and Real Estate name and address to which future espondence should be addressed:	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
D_	ne and address for this acknowledgmer y is (if other than # 4 above): L EVANS BANK	nt Phone number (optional):
98 Je	30 S. Lincoln erome, ID 83338	Secretary of State use only
nature:_	(signature required) (e: Trish Borresen	IDANO SECRETARY OF STATE 12/26/26/65 95:00 CK: 9864352 CT: 73469 MI: 1021508

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Capacity/Title: Administrator

(see instruction # 8 on back of form)