

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

(see instruction # 8 on back of form)

| ,  | FILEDIES   |
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| CERTIFICATE OF  ASSUMED BUSINESS NAM  Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business  Please type or print legibly.  NOTE: See instructions on reverse before filing  | ME<br>signed<br>Name.  |
| <ol> <li>The assumed business name which the undersigned business is:</li> <li>EXECUTIVE Haministrative</li> <li>The true name(s) and business address(es) of the</li> </ol>   | E SERVICES   |
| business under the assumed business name:  Name  | Complete Address  D. Savanna DR., Nampa 33686  |
| 3. The general type of business transacted under the Retail Trade Transportation and Post Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Deborah | 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 |
| Name and address for this acknowledgment copy is (if other than # 4 above):  | Phone number (optional):   |
| Signature: Debrah L. Winchar Capacity/Title: (see instruction # 8 on back of form)   | IDAHO SECRETARY OF STATE  10/04/2002 05 = 00  CK: 1136 CT: 158016 BH: 525146  1 8 20.00 = 20.00 ASSUM NAME # 2   |

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