

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 0 JUN -4 AM 8: 40 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

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|--|---|--|------------------|
| The assumed business name which the unbusiness is: DEB's Bookkeepir | | d use(s) in the transaction of | |
| 2. The true name(s) and business address(es business under the assumed business name Name Debra Baerlocher | ne: | Complete Address | <u>70 83</u> 501 |
| 3. The general type of business transacted un | nder the a | 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: Alder Dr Alder Dr 25501 | | Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080 (208) 334-2301 | |
| | | Secretary of State use only | <u></u> |
| | _ | | |
| ignature: What Backer inted Name: Debra Backerher apacity/Title: Owner | orpitomalatin formelatin, pSE Rawlend D42303 | | DY SE CIATE |
| (see instruction # 8 on back of form) | 95 | 06/04/201 | |

1 0 25.60 = 25.68 ASSUM NAME #

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