FILED EFFECTIVE



(see instruction # 8 on back of form)

## CERTIFICATE OF. ASSUMED BUSINESS NAME.

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

X	press Flex
The true name(s) and business address(     business under the assumed business na     Name      Reveal America FLEX trae	ame: Complete Address
PayrollAmerica FLEX, Inc.	3210 Elder Street, Boise, ID 83705
- 146094	
3. The general type of business transacted  Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining	on and Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estat	te Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  PayrollAmerica FLEX, Inc.  3210 Elder Street  Boise, ID 83705	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledged copy is (if other than # 4 above):</li></ol>	nent Phone number (optional):
Mark A. Ellison, Moffatt, Thomas	
P. O. Box 829	Secretary of State use only
Boise, ID 83701  Signature: Tatucia lina Junear  Printed Name: <u>Fatricia Ann Dunear</u> Capacity/Title: <u>President</u>	IDAHO SECRETARY OF STATE  ### Condition of the control of the cont

IDAHO SECRETARY OF STATE

01/09/2003 05:00

CK: none CT: 1117 BH: 655682

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