

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

01 MAR 12



SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

ANDERSON BOOKKEEPING SERVICE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>PAULA L. ANDERSON</u>	<u>5010 S. PINEGROVE DR.</u>
	<u>COEUR D'ALENE, ID</u>
	<u>83815</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

ANDERSON BOOKKEEPING SERVICE
5010 S. PINEGROVE DR.
COEUR D'ALENE, ID
83815

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Paula L. Anderson

Printed Name: PAULA L. ANDERSON

Capacity: PRESIDENT / OWNER

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/12/2001 09:00
CK: 5541 CT: 143434 BH: 304050

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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