



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.

09 MAR -4 AM 8:11

SECRETARY OF STATE
STATE OF IDAHO

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

American Services

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

Name

Brooks Swanson

Complete Address

P. O. Box 519

Priest River, Idaho
83856

3. The general type of business transacted under the assumed business name is:

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

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

P.O. Box 519
Priest River, Id 83856

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Signature: Brooks E. Swanson
(signature required)

Printed Name: Brooks E. Swanson

Capacity/Title: Owner

(see instruction # 8 on back of form)

Information form 53-504
Revised 10/2003

IDANO SECRETARY OF STATE
03/04/2009 05:00
CX: 701889064 CT: 150010 BH: 1159592
1 0 25.00 = 25.00 ASSUM NAME # 2

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