



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.

FILED EFFECTIVE

13 JUL 21 PM 4:17

SECRETARY OF STATE
BOISE, IDAHO

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

A & A Bookkeeping

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

Name	Complete Address
<u>Cynthia M. Berlier</u>	<u>10983 W. Wild Iris Street, Star, ID 83669</u>
_____	_____
_____	_____

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 type="checkbox"/> Construction |
| <input checked="" 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:

A & A Bookkeeping
10983 W. Wild Iris Street
Star, ID 83669

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):
(208) 724-6139

Signature: Cynthia M. Berlier
(signature required)

Printed Name: Cynthia M. Berlier

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\ncorp\forms\abn_formation.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
07/21/2005 05:00
 CK: 3512 CT: 150010 BH: 822612
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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