

FILED EFFECTIVE



# 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.

2005 MAY 16 AM 10:08  
STATE OF IDAHO

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

VALLEY TAX & ESCROW SERVICE

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

Name  
CAROL JEAN BIANDO

Complete Address  
764 N. MOONSCAPE AVENUE  
KUNA, IDAHO 83634

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

- ☐ Retail Trade ☐ Transportation and Public Utilities  
☐ Wholesale Trade ☐ Construction  
☐ Services ☐ Agriculture  
☐ Manufacturing ☐ Mining  
☒ Finance, Insurance, and Real Estate

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

VALLEY TAX & ESCROW SERVICE  
764 N. MOONSCAPE  
KUNA, ID 83634

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):

922-9601

Secretary of State use only

Signature: Carol Jean Biando  
(signature required)

Printed Name: CAROL JEAN BIANDO

Capacity/Title: OWNER

(see instruction # 8 on back of form)

9:10pm 04/2003  
Revised 04/2003  
p:\corporate\slab\forms\abn\p65

IDAHO SECRETARY OF STATE  
05/16/2005 05:00  
CK: 3886 CT: 158818 BH: 818719  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 87855