

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2002 MAR 27 AM II: 33

ECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

	STATE OF IDAHO
The assumed business name which the unders business is:	
Diversity Counseling and Consult	-ing
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Mary T. Pierce 21	the entity or individual(s) doing <u>Complete_Address</u>
3. The general type of business transacted under	r the assumed business name is:
Retail Trade Transportation ar	nd Public Utilities
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West PO Box 83720
Mary T. Pierce. 2190 Elderberry Alace Boise, Idaho 83706	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
copy is (if other than # 4 above):	(208) 388-0602
Same no #4	Secretary of State use only
Signature: Mary T. Pierce	IDAHO SECRETARY OF STATE 03/27/2002 05 = 00 CK: CASH CT: 158010 BH: 454989 1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity/Title: OWNER (see instruction # 8 on back of form)	753322
(300 mon agree)	\mathcal{L}