



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

2007 MAY 21 AM 9:43

SECRETARY OF STATE
STATE OF IDAHO

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

ASAP 4 DOT Audits.

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

Cheri Chambers

357 West 300 N.

Jerome, ID 83338.

Georgianna Gooding

480 5th Ave East

Wendell, ID 83355

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:

Cheri Chambers

357 West 300 N.

Jerome ID 83338.

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. 280-1356

Steven Vawser.

Bank of America.

1040 Shoshone St. Twin Falls

ID 83301

Signature: Cheri Chambers
(signature required)

Printed Name: Cheri Chambers

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
05/21/2007 05:00
CK: 5947 CT: 213558 BH: 1054953
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 111570