	CERTIFICATE OF ASSU (Please type or print legibly.	ME See	ED BUS	SINESS NAME on reverse.	E
	(Please type or print legibly. To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho	Code, the	undersigned 30 Action 30	
1.	The assumed business name which the unbusiness is: Chalberg Financial			e(s) in the Tame action of	1
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	Thomas W. Chalberry	40	Cor 78 N. 074	mplete Address Sow Why Boise, Id. 83713	
3.	The general type of business transacted unique (mark only those that apply)	nde	er the assu	med business name is:	
	☐ Retail Trade ☐ Manufacturin ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	•	🔀 Fin	nsportation and Public Utilities ance, Insurance, and Real Esta	
4.	correspondence should be addressed:	Pho	ne numbe	(optional): (208) 3) 7-9200	
	Chalberg Financial Services 4078 N. Oxbow Way			Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Barse Idaha 637/3 Name and address for this acknowledgme copy is (if other than # 4 above): N/A	nt		Secretary of State	1 .
		Revision 12/99	(10410 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF	**
Signatu	ire: Thomas W. Challery	Revis		1 0 20.00 = 20.00 ASSUM NAME 1 2	
Signature: Thomas W. Chalberg Printed Name: Thomas W. Chalberz		8		D 34540	
Capacity: ProprieTor		corpiforms/abn.p65		-	
	(see instruction # 8 on back of form)	Morphy			