## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

700 West Jefferson PO Box 83720

Boise ID 83720-0080

98 AUG 24 MIN: 45

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	James K Jan	na ca c	K Transcription
2.	he true name(s) and business address(es) of the entity or individual(s) doing usiness under the assumed business name is/are:		
	Lisa P. Kathenmane		Address 1 Rachel Tray, ID 83871
3.	The general type of business transacted under the assumed business name is:		
	See categories on the reverse		
4.	The name and address to which correspondence should be addressed:  Lisa P. Kathan make Tamacack Transcription  701 Richel Tray, ID 83871  Signed Lisa P. Kathan mane  By Lisa P. Kathan mane  Capacity Owner		
	Submit Certificate of Assumed Business Name and \$20.00 fee to:		Customer #
•	Secretary of State		Secretary of State use only INGO SECRETARY OF STATE

1 8 20.00 = 20.00 ASSEN NAME

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