

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2004 JUN -4 A 11: 03

## Please type or print legibly. NOTE: See instructions on reverse before filing.

TATE OF STATE

The assumed business name which the und business is:	lersigned	use(s) in the transaction of
Disability Assistance	Pic	)g/uh
The true name(s) and <u>business</u> address(es) business under the assumed business nam     Name		ntity or individual(s) doing  Complete Address  N. Allumbaush
Stephe De Position		
3. The general type of business transacted un  Retail Trade Transportation		
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Disability Assistance Plugo 2006 N. Allumbuy L. Roise, ID 8370.	ar	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):  Jeanne He Sm. +L	ent	Phone number (optional):  (28) 378-9605
BOISE ID 83704	n.p65	Secretary of State use only
Signature: Jamett Smtt  Printed Name: Jeanw Ir L-Sm.T  Capacity/Title: Director	g 'corp toms labor forms labor p65 Revised 04/2003	IDAHO SECRETARY OF STATE  06/04/2004 05:00  CK: 1155 CT: 158818 BH: 748731 1 8 25.88 = 25.80 ASSUM HAME # 2
(see instruction # 8 on back of form)	b b	77030