CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructio File (Please type or print legibly. See instructio File (Please type or print legibly.)

To the SECRETARY OF STATE, STATE OF IDAHO, pro 26, AM 8: 53

	Pursuant to Section 53-504, Idaho Code, the undersigned 8: 53 gives notice of adoption of an Assumed Business Name (1.5.141)		
1.	The assumed business name which the undersigned use(s) in the transaction of business is: Outsource Receivables Management		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	Cor	nplete Address
		3017 Taylor Ave	
	<u> </u>	Oqden, UT	84402
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		nsportation and Public Utilities ance, Insurance, and Real Estate iing
4.	The name and address to which future Phone number (optional):correspondence should be addressed:		
	Outscurce Recievables:Management		Submit Certificate of
	3017 Taylor Ave		Assumed Business Name and \$20.00 fee to:
	Ogden, UT 84402		Secretary of State
5.	ame and address for this acknowledgment opy is (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301		Basemeht West PO Box 83720 Boise ID 83720-0080
		12/99	Secretary of State use only IDAHO SECRETARY OF STATE
ignatu	ire: Chi bone	₹ CK:	12/26/2000 09:00 23562 CT: 139998 RH: 368799
rinted	Name: CHRIS BREEN	59	20.00 = 20.00 ASSUM NAME # 2

Capacity:____

(see instruction # 8 on back of form)

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