Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of the Editor (Fig. 1)

To the SECRETARY OF STATE, STATE OF IDAHO

	gives notice of adoption of an As	ssumed Business Name
1.	The assumed business name which the un business is:	ndersigned use(s) in the transaction of
	= 7 Cash express	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name	Complete Address
	Brailes Financial Services LLC	29599 Harvey 120
	w 12688	Coldwell TO 83607
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	Finance, Insurance, and Real Estat
4.	The name and address to which future Phone number (optional): correspondence should be addressed:	
	Oracles Francial Services UC	Submit Certificate of
		Assumed Business
	24599 Harvey RD	Name and <b>\$20.00</b> fee to:
	Caldwell TO 83607	Secretary of State
5.	Name and address for this acknowledgmer	700 West Jefferson ent Basement West
	COPy is (if other than # 4 above):	PO Box 83720
		Boise ID 83720-0080 208 334-2301
		Secretary of State use only  B IDAHO SECRETARY OF STATE
		§ 08/22/2000 09:00
natı	ure: Hatkilla Vules	
		1 @ 20.90 = 20.00 ASSUM NAME # 2
IIICU	Name: TATRICIA Guiles	8

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