

## **CERTIFICATE OF** ASSUMED BUSINESS NAMEFILED EFFECTIVE

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

2004 MAR - 1 AM 9: 47

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the undersign business is:	STATE OF IDAHO  State of IDAHo  ed use(s) in the transaction of
Most Valuable Processi	ng Mortgage Services
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Amanda Ruork 390  Peter Bures 388	entity or individual(s) doing  Complete Address  22 Broken Account
3. The general type of business transacted under the a  Retail Trade Transportation and Put 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:  M.U.P. May Services  38502 Falmor Art  Coeur d'Aleva, ID 83814	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):  208 - 667-3252
·	Secretary of State use only
Signature: All (signature required)  Printed Name: AMAND + COVA  Capacity/Title: Covariant required (signature required)	IDANO SECRETARY OF STATE 93/91/2994 95:99 CX: 646865671 CT: 158010 BH: 738664 1 0 25.00 = 25.00 ASSUM NAME # 2