

CERTIFICATE OF ASSUMED BUSINESS **FILED**

To the SECRETARY OF STATE, STATE OF IDAHO

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

98 APR 20 PM 2:56
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

COBB AND ASSOCIATES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

BRETT J COBB Name

1501 FALCON DR. #6 TWIN FALLS ID 83406 Address

3. The general type of business transacted under the assumed business name is:

SERVICES

See categories on the reverse

4. The name and address to which correspondence should be addressed:

COBB & ASSOCIATES

1501 FALCON DR. SUITE 6 TWIN FALLS ID 83406

Signed

By

Capacity

Brett J Cobb

BRETT J COBB

OWNER/PRESIDENT

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

RECEIVED SECRETARY OF STATE

04/20/1998 09:00
CK: 3311 CT: 79962 BH: 102935

1 @ 20.00 = 20.00 ASSUM NAME

D14224

Revision 10/88

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