

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 FEB -9 AH 9: 08

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: OM DREKENSIVE FAMILY SERVICES 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address JOHNNE 8331 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture

:\corp\forms\abn forms\abn.p6\$

Manufacturing Mining
 Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed:

P.D.Box 5191 TOINFALLS Id 83301

Name and address for this acknowledgment copy is (if other than # 4 above): Submit Certificate of Assumed Business Name and **\$25.00** fee to:

Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Phone number (optional):

543-2542

Secretary of State use only

Signature: (signature required)

Printed Name: DERRY RANER

Capacity/Title: DUNER

(see instruction # 8 on back of form)

IBAHO SECRETARY OF STATE 62/99/2005 65:00 CK: 993 CT: 158010 BH: 792000 1 0 25.00 = 25.00 ASSUM MANE #