CERTIFICATE OF ASSUMED BUSINESPINANTE

	* * *			** · · · · · · · · · · · · · · · · · ·	7
To	the SECRETARY OF Pursuant to Section of an Assumed	STATE, STA	TE OF IDAHO	00 ~~	
	Pursuant to Section	n 53-504, ld	aho Code, the	undersigned	gives notice of
	- business and a triba	D40111000 110		* •	-0
1.	The assumed busines business is:	ss name whic	ch the undersig	ned use(s) in	the transaction

ad	option of an Assumed Business N	lame.	. '	33 · · · · · · · · · · · · · · · · · ·			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:						
	Truly Temp	***************************************					
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>			<u>Address</u>			
	Sharon M. King		325 N.	Address Compton, Post Falls, ID 83854-9235			
3.	he general type of business transacted under the assumed business name is:						
	Temporary Office	Help (Clerica	1), a sole proprietorship			
	See categories on the reverse	11		, , <u>, , , , , , , , , , , , , , , , , </u>			
				. •			
4,	The name and address to which correspondence should be addressed:						
	Sharon M. King, 825 N. Compton, POST Falls, FD 83854-9230						
	Signed Sharon M. King						
		Signea	NIKANON	CVn. Amg			
		Ву					
Capacity Quenos							
	Submit Certificate of Assumed Business Name and \$20,00 fee	to:	Customer	# 			
			6	Secretary of State use only			
	Secretary of State 700 West Jefferson		Reviston 10796	•			
	PO Box 83720		Revisi				
	Boise ID 83720-0080	•		IDAHO SECRETARY OF STATE			
			and the second	02/12/1998			
			completes that partitions are	1 8 20.08 = 20.80 ASSUM MAME			
	•		Table 5	• •			

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