Capacity/Title: President

Signature: __

Printed Name: Capacity/Title:

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME 2011 JUN 24 AM 9: 48

Pursuant to Section 53-504, Idaho Code, the undersigned SECRETARY OF STATE submits for filing a certificate of Assumed Business Name. STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	Alipse
The true name(s) and <u>business</u> addr business under the assumed busines Name	ess(es) of the entity or individual(s) doing ss name: Complete Address
Ivan Financial Services, INC.	76 N Main Street Driggs, ID 83422
(C129269)	
	ture Submit Certificate of Assumed Business
The name and address to which futu correspondence should be addresse Tom Sullivan	Georgial Villotate
6 N Main Street, Driggs, ID 83422	208 334-2301
Name and address for this acknowle copy is (if other than # 4 above).	dgment

IDAHO SECRETARY OF STATE

96/24/2011 95:90

CK: 713630 CT: 172099 BH: 1279852
1 8 25.00 = 25.00 ASSUM NAME # 2

abn.pmo Rev. 07/2010