	CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAME See instructions on reverse.)	
FE	Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.		
FILED/EFF	The assumed business name which the undersigned use(s) in the transaction of business is: EXECUTED CLIENT SERVICES		
E 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>	Complete Address	
	BrAD W. BELVEAL	8332 WAR BONNET Dr.	
		BoisE, ID 83709	
3.	. The general type of business transacted under the assumed business name is:		
	□ Retail Trade □ Manufacturin □ Wholesale Trade □ Agriculture ☑ Services □ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4.	The name and address to which future Phone number (optional): 208 · 362 · 1400 correspondence should be addressed: EXECUPTO CLIENT SERVICES		
	8332 WAT BONNET Dr.	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Doise, Lo 83709 Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	Λ	Secretary of State use only	
Signatu	re: brad W. Beliveal	Revision 1/98	
Printed Name: BFAD W. BELVEAL		IDAHO SECRETARY OF STATE 68/16/2001 05:00	
Capacity	y: OWNER (see instruction # 8 on back of form)	1994U SECRETARY OF STATE 68/16/2001 05 = 00 CK: 4352 CT: 150125 BH: 413927 1 8 20.80 = 20.00 ASSUM NAME # 2	

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