CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO02 MAY -8 AM II: 08

To the SECRETARY OF STATE, STATE OF IDAHOUZ har or king. To the SECRETARY OF STATE, STATE OF IDAHOUZ har or king. Pursuant to Section 53-504, Idaho Code, the undersigned of STATE Pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of STATE pursuant to Section 53-504, Idaho Code, the undersigned of State of St	
gives notice of adoption of an Assumed State of State of the state of the description of the assumed business name which the undersigned use(s) in the transaction of	
business is: ALL HOME MAINTEN	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
LANCE SOURCE FOR	,
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining The name and address to which future Phone number (optional)	
 The name and address to which future Photographics Photogra	
ALL HOME MAINTENANCE 1466 N FILIPSION P.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. 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
	Secretary of State use only
Signature: Source Switch Printed Name: ADCE Switch	IDAHO SECRETARY OF STATE 95/08/2002 95:00 CK: 2082 CT: 158010 BH: 464389 1 8 20.00 = 20.00 ASSUM MANE # 2
(see instruction # 8 on back of form)	D 54754