



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

2003 JUL 31 A 9:16
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Professional Referral Source

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
<u>Iva M. Deobald</u>	<u>Countryside 8385 W. Emerald,</u> <u>Boise, Id 83704</u>
<u>Peggy Gerosin</u>	<u>Holland Realty 408 S. Eagle Rd. #103</u> <u>Eagle, Id. 83616</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Iva M. Deobald
P.O. Box 698
Eagle, Id. 83616

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Iva M. Deobald
P.O. Box 698
Eagle, Id. 83616

Signature: _____

Iva M. Deobald
(signature required)

Printed Name: _____

Iva M. Deobald

Capacity/Title: _____

Branch Manager

(see instruction # 8 on back of form)

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):

208-939-9638

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/31/2003 05:00
CK: 5038 CT: 158810 BH: 693947
1 @ 25.00 = 25.00 ASSUM NAME # 2

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