FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2011 AUG -5 AM 11: 30

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

SECRETARY UP STATE STATE OF IDAHO

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

instructions are measured	
The assumed business name which the undersigned use(s) in the transaction of business is: Administrative Financial Services	
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Gina Thornton	s) of the entity or individual(s) doing
Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Gina Thomton P.O. Box 1072	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature:	Secretary of State use only
Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE

D/49320