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

1	To the SECRETARY OF STATE, STATE OF IDAHC Pursuant to Section 53-504, Idaho Code, the	undersigned of a
	gives house of adoption of an Assumed Busin	icss ranic.
1.	The assumed business name which the undersigned us business is:	e(s))in the transaction of
	COUNTRY BUSINESS SERVICES	1
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name Cor	nplete Address
	NANCY M. HEUETT PO BOX 40	, ATHOL, IDAHO 83801-004
3.	The general type of business transacted under the assu (mark only those that apply)	med business name is:
	Wholesale Trade Agriculture Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future Phone number (optional): 208-863-3445 correspondence should be addressed:	
	NANCY M HEUETT	Submit Certificate of
	DO DOV AD	Assumed Business
	P0 B0X 40	Name and <b>\$20.00</b> fee to:
	ATHOL, IDAHO 83801-0040	Secretary of State
5.	Name and address for this acknowledgment	700 West Jefferson Basement West
Ų.	COPY is (if other than # 4 above):	PO Box 83720
	,	Boise ID 83720-0080
		208 334-2301
		Secretary of State use only
	Servision 1298	IDAHO SECRETARY OF STATE
ignat	ure. Dance M. Deucht	04/04/2001 09:00 CK: 214 CT: 46995 BH: 389038

Si

Printed Name: NANCY M HEUETT

Capacity: OWNER

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM NAME # 2

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