



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.

FILED EFFECTIVE

2007 MAY 24 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

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

A-1 Boundary County Appraisal Service

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

Tracy R. Golder

HC 85 Box 8936, Bonners Ferry, ID 83805

Julie L. Golder

HC 85 Box 8936, Bonners Ferry, ID 83805

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 | |

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

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

A-1 Boundary County Appraisal Service
HC 85 Box 8936
Bonners Ferry, ID 83805

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

Phone number (optional):

208-267-1845

Signature: _____

(signature required)

Printed Name: Tracy R. Golder

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

D111711

IDAHO SECRETARY OF STATE
05/24/2007 05:00
CK: 1155 CT: 213679 BH: 1055628
1 @ 25.00 = 25.00 ASSUM NAME # 2