CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned AM 8: 26 gives notice of adoption of an Assumed Business Name ARY OF STATE 1. The assumed business name which the undersigned use(s) in the with saction of business is: Professional Services 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 Complete Address Melissa M. Gottwald 111 E. Homestead, Coeur d'Alene, ID 83814 3. The general type of business transacted under the assumed business name is: $\frac{1}{2}$ (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future correspondence should be addressed: Submit Certificate of Professional Services Assumed Business Name and \$20.00 fee to: 111 E. Homestead Secretary of State Coeur d'Alene, ID 83814 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 🕟

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12/10/1998 09:00 CK: 1077 CT: 107923 BH: 168940

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Signature: Mulison M. Lattined.

Printed Name: Melissa M. Gottwald

Capacity: Owner

(see Instruction # 8 on back of form)