FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 MAR 26 AM 8: 48

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAILATE

Anderson Fina	ncial Services
2. The true name(s) and business address(es) business under the assumed business name Name Michael Anderson Financial Services, LLC	of the entity or individual(s) doing e: Complete Address 704 E. 1550 N. Shelley, ID 83274
The general type of business transacted under Retail Trade Transportation a	er the assumed business name is:
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: Michael Anderson Financial Services 704 E. 1550 N. Shelley, ID 83274	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
ignature:	IDAHO SECRETARY OF STATE O3/26/2003 05 = 05 CK: 3244 CT: 168601 BH: 67992