



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED

FEB 10 11 57 AM '99

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

FORECLOSURE MONTHLY

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
<u>JULIE A. HARRISON</u>	<u>7154 W STATE ST #101</u>
	<u>BOISE ID 83703</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional):

FORECLOSURE MONTHLY
7154 W STATE ST #101
BOISE IDAHO 83703

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature:

Julie A. Harrison

Printed Name:

JULIE A. HARRISON

Capacity:

SOLE PROPRIETOR

(see instruction # 8 on back of form)

Revision 1/98

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Secretary of State use only
IDAHO SECRETARY OF STATE

02/18/1999 09:00
CK: 1124 CT: 111277 BH: 189127

1 @ 20.00 = 20.00 ASSUM NAME # 2

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