

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

2894 APR -2 AM 9: 24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF IDAHO

D74887

The assumed business name which the urbusiness is:	
4 merican Central	Dentective Agency
2. The true name(s) and business address(establishess under the assumed business name  Name  Mariee Halling  ———————————————————————————————————	s) of the entity or individual(s) doing
3. The general type of business transacted u	nder the assumed business name is:
Retail Trade	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
	Secretary of State use only
Signature: Marie Halling  Printed Name: Marie Halling  Capacity/Title: Daner   printer	IDAHO SECRETARY OF STATE  94/02/2004 05:00  CX: 1025 CT: 158010 BH: 737068  1 0 25.00 = 25.00 ASSUM NAME 8 2