

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

00 AUG -9 AT 8: 49

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

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

	SHOSHONE ADJUSTMENT BUREAU	IJ						
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						
	CREDIT BUREAU OF SHOSHONE COUNTY, I	TNC 404 W CAMERON AVE						
	062020	KELLOGG IDAHO 83837						
		MA	ILING-I	2.0.	BOX	780,	KELLOGG	ID 83837
3.	3. The general type of business transacted under the assumed business name (mark only those that apply)							
	Retail Trade							
4.	The name and address to which future correspondence should be addressed:							
	CREDIT BUREAU OF SHOSHONE COUNTY,	INC.	•	ſ	Subr	nit Ce	rtificate of	
	P.O. BOX 780			I			Business	
5.				i	Nam	e and	\$20.00 fee	e to:
	KELLOGG IDAHO 83837			1	_			
				1			of State Jefferson	
	Name and address for this acknowledgme	ent				ement		
	copy is (if other than # 4 above).					30x 83		
							3720-0080	
		_		l	208	334-2	DU I	
		Γ			6		f State use o	mbe

Signature_

Printed Name: JIM C. BEST

Capacity: PRESIDENT

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

08/09/2000 09:00 CK: 26680 CT: 134563 BH: 340917

1 @ 20.00 = 20.00 ASSUM NAME # 2

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