Printed Name:

(see instruction # 8 on back of form)

Capacity:

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? 1. The assumed business name which the undersigned use(s) in the business is: 140 Business 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: Complete Address Name Cherry McCormick 184 E. Fairview #230 Meridian. Idaho 83642 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Finance, Insurance, and Real Estate Agriculture Services Construction Mining Phone number (optional): ___ 4. The name and address to which future correspondence should be addressed: E. Fairview #230 Submit Certificate of Assumed Business meridian. Id. 83642 Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than #4 above). Baise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE DATE 05/28/1997 hurst Mc Counick Signature: ___

0900 96516 CUST# 82044 RESUM NAME 10 20.00= 20.00