Signature

Printed Name: _

Capacity/Title:

(see instruction #8 on back of form)

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.

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

11119 17 PA 1:57

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
A All Hour	BAFI BOWN COMPANY
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Antime Bail Bonds, Inc.	of the entity or individual(s) doing
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: DAVID ARMSTRUNG 500 RIVERVIEW DAVIE BOISE TAMO \$3712	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
Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): (208)853-1234
	Secretary of State use only

g 'corpYoms\abn forms\abn.p\ Revised 09/2002

IDAHO SECRETARY OF STATE

03/18/2003 05:00

CK: 5288 CT: 148465 BH: 669253

8 28.00 = 28.00 ASSUM NAME # 2

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