CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned NOV 29

AM 8: 59

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	OIATE OF IDAHO
 The assumed business name which the undersigned business is: 	l use(s) in the transaction of
Blue Diamond Associates	(x,y) = (x,y) + (x,y
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:	ntity or individual(s) doing
Name	Complete Address
Heather R Hammond 312	Village Ln Boise 1083702
3. The general type of business transacted under the a	issumed business name is:
Retail Trade Transportation and Pub	olic Utilities
Wholesale Trade Construction	
⊠ Services	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Heather R Hammond	PO Box 83720
317 Village Ln	Boise ID 83720-0080
Boise 15 83702	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (If other than # 4 above):	208-871-1211
	Secretary of State use only
ignature: Heather Ellanmond	
rinted Name: Heather R Hammond	IDAHO SECRETARY OF STATE
apacity/Title: Owner	11/29/2006 05:00 CK: 1017 CT: 206914 BH: 1016282
(see Instruction # 8 on back of form)	1 6 25.88 = 25.88 ASSUM NAME # 2
	D 105906