

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

03 MAY 20 PM 4: 14

SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form) Director

NAEOP Northwest Area	1
The true name(s) and <u>business</u> address business under the assumed business recommendations.	s(es) of the entity or individual(a) deign
<u>Name</u>	Complete Address
Sandra L. Ash	3193 Chieftan Way, Boise, ID 83709
Catherine Hampton	3300 Tucker Rd., Boise, ID 83703
3. The general type of business transacter	d under the assumed business name is:
Retail Trade Transporta Wholesale Trade Constructi	ation and Public Utilities
 X Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Est 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Sandra L. Ash	Basement West PO Box 83720
3193 Chieftan Way Boise, ID 83709	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment Phone number (optional):
	<u>362–2147</u>
	Secretary of State use only
gnature: Surara 4.000	- 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
inted Name: Sandra L. Ash	- \$\frac{1}{2} \frac{1}{2} \fr
Bpacity/Title: NAEOP Northwest Area	- 05/21/2003 05 CK: 3313 CT: 170181 BH: