



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.**

**FILED EFFECTIVE**

2003 SEP 17 AM 8:47

STATE OF IDAHO

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

ACCURATE MANAGEMENT SERVICES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

SHARON R. HOLLING

1804 N. SUMMER ROSE ST.

POST FALLS, ID 83854

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

SHARON R. HOLLING

1804 N. SUMMER ROSE ST.

POST FALLS, ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

ACCURATE MANAGEMENT SERVICES

1804 N. SUMMER ROSE ST.

POST FALLS, ID 83854

Phone number (optional):

208-777-8023

Signature

Sharon R. Holling  
(signature required)

Printed Name: SHARON R. HOLLING

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/17/2003 05:00  
CK: 9459 CT: 158010 BH: 702112  
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\forms\labn\_forms\labn.p65  
Revised 04/2003

D68946