

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 MAR 31 PM 1:05

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAMO

1. The assumed business name which the understandings is:	signed use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name:  Name  Character   Colored   Colored	the entity or individual(s) doing  Complete Address  OB Finain Financh 120 83617
3. The general type of business transacted under  Retail Trade Transportation an Wholesale Trade Agriculture	nd Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-9080
POBOX 650 Finime H Tol 03617	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Vacon-	<b>58</b>
Signature: (algnature vequired)	SOUTH STATE  IDANO SECRETARY OF STATE  O3/31/2010 05:00  CK: COSH CT: 1500 BH: 1215464
Printed Name: Steve H Cofeur	Personal Travers School of Control of Contro
Capacity/Title: Occurrence (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE  93/31/2010 05:00  CK: CASH CT: 150010 BH: 1215606  1 0 25.00 = 25.00 ASSUM NAME # 2

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