



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

College Advisory Services

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

Name	Complete Address
<u>The Legacy Group Financial Inc.</u>	<u>1115 Orchard, Suite 209</u>
<u>C135032</u>	<u>Boise ID 83705</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 208 433 0443

Allan H Denmore
1115 Orchard, Suite 209
Boise ID 83705

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

Signature: Allan H Denmore

Printed Name: Allan H Denmore

Capacity: President / Owner

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/28/2000 09:00
CK: 7292 CT: 121502 BH: 351332

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99

g:\comforms\abn.p65

D 3 9343