

227



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

2003 MAR 27 AM 8:47

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 SECRETARY OF STATE
STATE OF IDAHO

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

CONSUMER CREDIT MANAGEMENT SERVICES

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

<u>Name</u>	<u>Complete Address</u>
Consumer Credit Counseling Service of Magic Valley, Inc.	800 Falls Ave #11 Twin Falls ID
<i>[Signature]</i>	
C 81122	

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 | |

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

Darla Brett Executive Director
800 Falls Avenue #11
Twin Falls, ID 83301

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

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

Phone number (optional):

208 733 2227

Signature: *Darla Brett*

(signature required)

Printed Name: Darla Brett

Capacity/Title: Executive Director

(see instruction # 8 on back of form)

Secretary of State use only

a corporation form 1001 p65
Revised 06/2002

IDAHO SECRETARY OF STATE
03/27/2003 05:00
CK: 3891 CT: 63412 BH: 671895
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 63978