

CERTIFICATE OF ASSUMED BUSINESS NAME FILED

(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

99 MAR 30 AM 11:13

SECRETARY OF STATE
STATE OF IDAHO

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

B-C 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>Amanda Clough</u>	<u>91069 Pattie Ct Boise Id 83704</u>
<u>Tracee Burden</u>	<u>91069 Pattie Ct Boise Id 83704</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): 375-4905

B-C Services
91069 Pattie Ct
Boise, Idaho 83704

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

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

Signature:

Amanda Clough

Printed Name:

Amanda Clough

Capacity:

partner

(see instruction # 8 on back of form)

Revision 2/97 g:\corp\forms\slabn.pmg

Secretary of State use only

IDAHO SECRETARY OF STATE

03/30/1999 09:00
CK: 2311 CT: 113319 BH: 202103

1 @ 20.00 = 20.00 ASSUM NAME # 2

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