



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:

AUG 8 10 49 AM '00
STATE OF IDAHO

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

AA Home Doctor

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>Tamara Huntsman</u>	<u>2010 W. Eaglecrest Nampa, ID 83651</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 type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Tamara Huntsman
2010 W. Eaglecrest
Nampa, ID 83651

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):

Signature: Tamara Huntsman

Printed Name: Tamara Huntsman

Capacity: owner / president

(see instruction # 8 on back of form)

Revision 2/97 g:\cop\forms\labn.pmf

1 @ 20.00 = 20.00 ASSUM NAME # 2

IDAHO SECRETARY OF STATE

08/08/2000 09:00

CK: CASH CT: 134496 BH: 339642

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 3805