



CERTIFICATE OF ASSUMED BUSINESS NAME

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

03 MAR 31 PM 1:32

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

NET JUDGMENT ENFORCEMENT

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>
<u>ANNETTE SEAMON</u>	<u>16568 N. RED FIR DR.</u>
<u>BOBBY MUSE</u>	<u>NAMPA, ID</u>
<u>RACHELLE MUSE</u>	<u>83651</u>

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:

NET JUDGMENT ENFORCEMENT
16568 N. RED FIR DR.
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):

NA

Phone number (optional):

208-461-7518

Signature Annette Seamon
(signature required)

Printed Name: Annette Seamon

Capacity/Title: CO-OWNER

(see instruction # 8 on back of form)

Secretary of State use only

D64078

IDAHO SECRETARY OF STATE
03/31/2003 05:00
CK: CASH CT: 158010 BH: 671847
1 @ 20.00 = 20.00 ASSUM NAME # 2