



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

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:

CM Consultants

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

Cheryl Murphy 193 Peak View Drive Sagle Id
83860

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) 263-9840

Cheryl Murphy
193 Peak View Dr
Sagle Id 83860

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:
25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

D105107

Signature: Cheryl Murphy

Printed Name: Cheryl Murphy

Capacity: _____

(see instruction # 8 on back of form)

Revision 12/99
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IDAHO SECRETARY OF STATE
10/30/2006 05:00
CK: 1337 CT: 150010 BH: 994092
1 @ 25.00 = 25.00 ASSUM NAME # 2