FILED EFFECTIVE

· · · · · · · · · · · · · · · · · · ·	FILED EFFECTIVI
CERTIFICATE OF	
ASSUMED BUSINESS	NAME
Pursuant to Section 53-504, Idaho Code, the	
submits for filing a certificate of Assumed Bu	
Please type or print legibly.	SECRETARY OF STATE
NOTE: See instructions on reverse before	e filing. STATE OF IDAHO
1. The assumed business name which the und	ersigned use(s) in the transaction of
business is:	
Smith Law A Profes	ssional Association
2. The true name(s) and business address(es)	
business under the assumed business name	
Name	Complete Address
Smith Law, P.A.	5987 W. State Street, Suite A
C 173260	Boise Idaho 83703-5056
<u> </u>	······································
3. The general type of business transacted unc	ler the assumed business name is:
	and Public Utilities
Wholesale Trade Construction	and the second s
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Idoba Secretary of State
4. The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
Smith Law, P.A.	Boise ID 83720-0080
5987 W. State Street, Suite A	(208) 334-2301
	()
Boise, Idaho 83703-5056	
5. Name and address for this acknowledgmer	nt
COPY IS (if other than #4 above):	
	· · · · · · · · · · · · · · · · · · ·
	Secretary of State use only
1 12 +	
Signature: 1 In C	
(signature required)	2 20
Printed Name: William L. Smith	IDAHO SECRETARY OF ST
Capacity/Title: President	6 04/01/2008 0
(see instruction # 8 on back of form)	G CK: 1228 CT: 221511 BH: 1 @ 25.00 = 25.00 ASSU
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