

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 AUG 22 AM 8: 49

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

	Administrative Management Professionals			
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:			
	<u>Name</u>		Complete Address	
	Cheryl L. Moore		Pleasant Circle	
	Idaho Fa		lls, ID 83401	
3.	The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture			
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: Cheryl L. Moore d/b/a;		Secretary of State 450 North 4th Street PO Box 83720	
	Administrative Management Professionals		Boise ID 83720-0080 208 334-2301	
	629 W. Pleasant Circle, Idaho Falls, ID 83401			
5.	Name and address for this acknowledgme copy is (if other than # 4 above): same as #4 above	nt		
Signature huft thouse			Secretary of State use only	
Printe	ed Name: Cheryl L. Moore			
Capa	city/Title: Owner/ Manager		TRANS OFFICE OF STATE	
Signature:			IDAHO SECRETARY OF STATE 08/22/2013 05:00	
Printed Name:			CK: 4784 CT: 158818 191: 1387833 1 @ 25.08 = 25.08 ASSUM NAME # 2	
Capacity/Title:			7	

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abn.pmd Rev.07/2010