



CERTIFICATE OF ASSUMED BUSINESS NAME **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned **2006 MAR 13 AM 9:26**
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Francis & Associates

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

Name

Complete Address

Dwayne A. Francis

6568 S. Federal Way, Suite 207, Boise, ID 83716

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:

Francis & Associates

6568 S. Federal Way, Suite 207

Boise, ID 83716

Submit Certificate of
Assumed Business
Name and **\$25.00** 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):

Francis & Associates

3675 S. Rainbow Blvd, Suite 107-108

Las Vegas, NV 89103

Phone number (optional):

702-491-2637

Signature: _____

Dwayne A. Francis
(signature required)

Printed Name: _____

DWAYNE A. FRANCIS

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

097489

IDAHO SECRETARY OF STATE
03/13/2006 05:00
CK: 1025 CT: 150010 BH: 942682
1 @ 25.00 = 25.00 ASSUM NAME # 2