

ORIGINAL

CERTIFICATE OF ASSUMED BUSINESS NAME FILED

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

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.

99 MAY 28 AM

SECRETARY OF STATE
STATE OF IDAHO

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

EXAM SEEKERS

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

Name	Complete Address
<u>JASON EGBERT</u>	<u>P.O. Box 240</u>
	<u>SUGAR CITY, ID</u>
	<u>83448</u>

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): 356-2706

EXAM SEEKERS
P.O. Box 240
SUGAR CITY, IDAHO 83448

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:

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

IDAHO SECRETARY OF STATE

Secretary of State use only

05/28/1999 09:00
CK: 3184 CT: 116117 DH: 228817

1 @ 20.00 = 20.00 ASSUM NAME # 2

D26396

Signature: [Signature]

Printed Name: JASON EGBERT

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97

2 copies to be submitted