

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.

08 MAR 27 AM 8: 26 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is: Ascend Bookkeeping & Financial Analy	rtics Services
The true name(s) and business address(es) business under the assumed business name Name Linda I. Fogel-Foley	of the entity or individual(s) doing e: Complete Address 192 Lupine Road, Bonners Ferry, ID 83805
3. The general type of business transacted un	der the assumed business name is: and Public Utilities
Wholesale Trade Construction X Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Ascend Bookkeeping & Financial Analytics Services 192 Lupine Road Bonners Ferry, ID 83805 5. Name and address for this acknowledgme copy is (if other than # 4 above).	(208) 334-2301
Ascend Bookkeeping & Financial Analytics Services 192 Lupine Road	Secretary of State use only
Bonners Ferry, ID 83805 Signature: Linda I. Fogel-Foley Capacity/Title: Owner (see instruction # 3 on back of form)	IDAHO SECRETARY OF STATE 93/27/2008 05:00 CK: 1003 CT: 224241 BH: 1106861 1 9 25.00 = 25.00 ASSUM NAME #