

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.

35 AUG - 1 AH 10: 49

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SEUR: LE STATE STATE LE BAHO

The assumed business name which the undersigned use(s) in the transaction of	
business is:	
ELECTRONIC Billine Son	LUFIONS
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
CC INESTMENTS, LLC 422	Z. E. RAILROAD St.
W32331 Name	DA, ID 83687
	44 (
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
ELECTRONIL Billing Solutions	Basement West PO Box 83720
PLECTRONIC BILLING SOCIATIONS	Boise ID 83720-0080
4272 E. RAILROAD ST	208 334-2301
Nampa, ID 83687	Ot an a number (entionell'
Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above)	208-461-0711
KATH/EEN CHILDRESS	
4223 E. RailROAN St	Secretary of State use only
NAMPA, ID 83687	
LAV Chill	
Signature: This was required to the signature required tof the signature required to the signature required to the signatu	
Signature: Kathles Childres Printed Name: Kathles Childres Canacity/Title: OWNES	
Capacity/Title: OWNER	IDAHO SECRETARY OF STATE 08/01/2005 05:00

IDAHO SECRETARY OF STATE

08/01/2005 05:00

CK: 584210 CT: 172099 BH: 824251
1 0 25.00 = 25.00 ASSUM NAME # 2