

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

10 AUG -9 AM 9: 32

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

| ATLAS TA | AX SERVICE |
|---|---|
| . The true name(s) and <u>business</u> address(es business under the assumed business name <u>Name</u> | |
| DIANE VICKERY | 164 BELMONT DRIVE |
| | KETCHUM, ID 83340 |
| | |
| ☐ Wholesale Trade ☐ Construction | n and Public Utilities |
| ✓ Services | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed: DIANE VICKERY | Secretary of State 450 North 4th Street PO Box 83720 |
| PO BOX 3573 | Boise ID 83720-0080 208 334-2301 |
| KETCHUM, ID 83340 | 200 334-2301 |
| Name and address for this acknowledgment copy is (if other than # 4 above): ATLAS FINANCIAL SERVICES PO BOX 958 | ent |
| ature lane les | Secretary of State use only |
| ted Name: DIANE VICKERY | |
| acity/Title: OWNER | |
| ature: | TRAMA CEPDETARY OF STA |
| ted Name: | IDAHO SECRETARY OF STA 98/09/2010 05 CK: 1076 CT: 227455 BH: 1 |
| ooit /Title: | 1 0 25.00 = 25.06 ASSUM |