

# CERTIFICATE OF ASSUMED BUSINESS NAME

(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.

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

ALTERNATIVE MANAGEMENT

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  
DEANIE GRANT

Complete Address  
6409 ARLINGTON DR.  
BOISE, ID 83709

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): (208) 377-1806

DEANIE GRANT  
6409 ARLINGTON DRIVE  
BOISE, ID 83709

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE 06/10/1997  
0900 100806 2  
CK #: 1729 CUST# 82703  
ASSUM NAME 1@ 20.00= 20.00

Signature:

Deanie Grant

Printed Name:

DEANIE GRANT

Capacity:

PRESIDENT-OWNER

(see instruction # 8 on back of form)

Revision 2/97  
g:\ccp\forms\slabn.pmb

#:

D

53417