



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

DEC 16 AM 9:02

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

DEBT RELIEF LEGAL CENTER

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

Toryanski Group, LLP
(J-419)

5848 S. Schooner Place
Boise, ID 83716

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Toryanski Group, LLP
9131 W. River St., Ste 300
Boise, ID 83702

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

Phone number (optional):

(208) 947-8160

Secretary of State use only

Signature: _____

Kim W. Toryanski
(signature required)

Printed Name: _____

Kim W. Toryanski

Capacity/Title: _____

Partner

(see instruction # 8 on back of form)

g:\corp\forms\abn_forms\abn.p65
Revised 09/2002

IDAHO SECRETARY OF STATE
12/16/2002 05:00
CK: 2058 CT: 158810 BH: 651540
1 @ 20.00 = 20.00 ASSUM NAME # 2

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