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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.	
<ol> <li>The assumed business name which the un business is:</li></ol>	dersigned use(s) in the transaction of 5
2. The true name(s) and business address(es) of the entity or individual(s) doing a business under the assumed business name is/are:	
Name Aleksander and Associates, P.A. C114444	Complete Address 5109 N. Sawyer, Boise, Id. 83714
<ul> <li>3. The general type of business transacted under the assumed business name is: (mark only those that apply)</li> <li>Retail Trade  Manufacturing  Transportation and Public Utilities</li> </ul>	
<ul> <li>Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining</li> <li>4. The name and address to which future Phone number (optional): 208-321-0200</li> </ul>	
correspondence should be addressed: Adam K. Aleksander	<b></b>
Gail D. Aleksander	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
<ul> <li>5109 N. Sawyer, Boise, Id. 83714</li> <li>5. Name and address for this acknowledgmen copy is (if other than #4 above):</li> </ul>	t Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Simula F1000	Secretary of State use only
Signaturit Adam K. Aleksander	g IDAHO SECRETARY OF STATE
Capacity: <u>President</u> (see instruction # 8 on back of form)	Image         Image <th< td=""></th<>
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