

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

OCT 14 AM 11:47
SECRETARY OF STATE
STATE OF IDAHO

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

Wilson's

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

Robert T. Wilson

5609 Gage St. Boise, Id., 83706

✓ Diana J. Wilson

5609 Gage St. Boise, Id., 83706

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 | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Robert T. Wilson

5609 Gage St.

Boise, Id. 83706

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-841-7254

Signature: Robert T. Wilson

(signature required)

Printed Name: Robert T. Wilson

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
10/14/2004 05:00
CK: 1194 CT: 150010 BH: 771067
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 80953