Signature: Parol

Capacity:

Printed Name: Karen K4

(see instruction # 8 on back of form)

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 und business is: Humphrey Financial	lersign	ed use	e(s) in the transaction of
2.		e is/are	e: <u>Con</u> 4[₩2	or individual(s) doing plete Address Gorden City 1083714 Courle a City 1083714
3.	The general type of business transacted und (mark only those that apply) Retail Trade		Tra	nsportation and Public Utilities ance, Insurance, and Real Estate
	The name and address to which future Phorespondence should be addressed: Nark C. Humphrey 203 E 41 # Z Boise 10 83714 Name and address for this acknowledgment copy is (if other than # 4 above):		umber	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 208 334-230*
		on 12/99	<u> </u>	Secretary of State use only 136NO SECRETARY OF STATE

1 0 20.00 = 20.00 ASSIM NAME # 2

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