

## 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.

(see instruction # 8 on back of form)

	''W''',
1. The assumed business name which the undersigned business is:  Schwisow Transcription  Schwisow Tra	
2. The true name(s) and business address(es) of the er business under the assumed business name:  Name  Lahnene Dee Schwisow 5041	Complete Address
3. The general type of business transacted under the acceptance of the second	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Jahnene Schwicow  504 15th Ave 50	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-284-9776
Signature: Salarine Lohinsan	Secretary of State use only
Signature: Selevine Schwisow (signature required)  Printed Name: Johnene Schwisow  Capacity/Title: Owner	IDAHO SECRETARY OF STATE 11/15/2004 05:00 CK: 715 CT: 158010 BH: 776438 1 0 25.00 = 25.00 ASSUM NAME # 2