	CERTIFICATE OF ASSUM (Please type or print legibly. Se	ED BUS	SINESS NAME
	To the SECRETARY OF STATE, STATE		
and the	Pursuant to Section 53-504, Idahe gives notice of adoption of an Ass	o Code, the sumed Busir	undersigned ness Name
1.	The assumed business name which the und		
	business is: Creative Financial Solution	· •	
	CACAMIC TAMARCA COMMISSION		
2.	The true name(s) and business address(es) business under the assumed business name	. , 79	or individual(s) doing
	Name,	<u> Col</u>	mplete Address
	Clames H. Clim) Plausen &	96 Noc	mpa, ID 83687
	Cheryl V Chausen		
			224
3.	The general type of business transacted und (mark only those that apply)	der th e assu	med business name is:
	Retail Trade Manufacturing	☐ Tra	ensportation and Public Utilities
	☐ Wholesale Trade ☐ Agriculture	X Fin	ance, Insurance, and Real Est
	Services Construction	L_l Mi	ning produce of which is employed
4.	The name and address to which future correspondence should be addressed:		
	Jim & Cheryl Clausen	er (1884) Transport	Submit Certificate of
			Assumed Business
	96 North Pit Lane Nampa, ID 83687		Name and \$20.00 fee to:
	Wanya, +0 03487		Secretary of State 700 West Jefferson
5 .	Name and address for this acknowledgment COPY is (if other than # 4 above):		Basement West PO Box 83720
	Jame	1.78	Boise ID 83720-0080
			208 334-2301
	· · · · · · · · · · · · · · · · · · ·		
		sion 1/98	19/21/1999 69:00

Signature: James N Clauser

Printed Name: James H Clausen

Capacity: <u>ARESIDENT</u>

(see instruction # 8 on back of form)

030174