

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 undersigned use(s) in the transaction of business is:

CAMAS CONSULTING

- 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:**

Name

NAME
CONNIE I. MEDLIN

Complete Address

102 ASH NEZPERCE. ID 83543

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: _____
- Phone number (optional): _____

CONNIE I MEDLIN

102 ASH

NEZPERCE. ID 83543

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

Signature:

Connie L. Medline

Printed Name:

CONNIE I. MEDLIN

Capacity:

SOLE PROPRIETOR

(see instruction # 8 on back of form)

**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
208 334-2301**

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 06/24/1997

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CK #: 2504 CUST# 83411

ASSUM NAME	10	20,00=	20,00
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