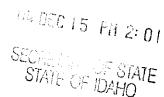


(see instruction # 8 on back of form)

## 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.



| The assumed business name which the unc  | dersigned use(s) in the transaction of  |
|--|---|
| business is:   |   |
| Dillon Financial Planning  |   |
| 2. The true name(s) and <u>business</u> address(es business under the assumed business name  | ne:   |
| <u>Name</u>  | Complete Address  |
| Debbra A. Dillon   | 587 E. Ridge Dr., Eagle, In 83616   |
|  | 901 Main St. Ste. 332, Boise, ID  |
|  | (Asof Feb 1, 2005)  |
| 3. The general type of business transacted ur  | nder the assumed business name is:  |
| Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Debbra A. Dillon 587 E. Ridge Drive Eagle, ID 83616 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301                 |
| <ol> <li>Name and address for this acknowledgm<br/>copy is (if other than # 4 above):</li> </ol>   | <u>208-938-5973</u>   |
|  | Secretary of State use only   |
|  | D82629  |
| Signature: Questa a Dello (signature required)   | IDAHO SECRETARY OF STATE  12/15/2004 05:00  CK: 2532 CT: 158010 BH: 781745  1 2 25.00 = 25.00 ASSUM NAME # 2      |
| Printed Name: Deblora A. Dillon  | IDAHO SECRETARY OF STATE   12/15/2004 05 = 00   CK: 2532 CT: 158010 BH: 781745   1 0 25.00 = 25.00 ASSUM NAME # 2 |
| Capacity/Title: Owner  | - \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |