

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse be	S NAME s, the undersigned d Business Name.
The assumed business name which the undersigned use(s) in the transaction of business is: FORECLOSURE SOLUTIONS OF AMERICA	
The true name(s) and business address(subsiness under the assumed business name	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: JACE KATSEANES 228 N. 17TH AVE. POCATELLO, ID 83201	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgr copy is (if other than # 4 above): 	ment Phone number (optional): 208 - 234 - 1598
	Secretary of State use only
	- D72494
Signature: (signature required)	Sign to the same of the state o
Printed Name: TACE KATSEANES	IDAHO SECRETARY OF STATE

DARTNER

(see instruction # 8 on back of form)

Capacity/Title:__

IDAHO SECRETARY OF STATE 01/27/2004 05:00 CK: 1400 CT: 158010 BH: 723924 1 0 25.00 = 25.00 ASSUM NAME # 2