



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.

01 JAN -4 AM 8:59
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Balanced Bookkeeping

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

Complete Address

Connie S. Smith

2299 Stonebridge Ct. Post Falls, Id 83854

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <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): (208) 777-7241

Connie S. Smith

2299 Stonebridge Ct.

Post Falls, Idaho 83854

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

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

01/04/2001 09:00
CK: 5885 CT: 140381 BH: 378710

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Connie S. Smith

Printed Name: Connie S. Smith

Capacity: Owner

(see instruction # 8 on back of form)

Revision 12/89

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