

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 SEP -3 AM 8: 40

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the ubusiness is:	undersigned use(s) in the transaction of
Professi	onal Audit Support Services
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Haley Chamberlain	es) of the entity or individual(s) doing
3. The general type of business transacted	on and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Haley Chamberlain 3308 N. Cole Rd, Sk. A Boise, Td 8370H	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above): (Same	ent
-	Secretary of State use only
Signature: Wcheberchin Printed Name: Haley Chamberkin	ָר יר
Capacity/Title: Owner	IDAHO SECRETARY OF STATE
Signature: Printed Name:	O 3/03/2010 05:00 CK: 1882 CT: 158010 BH: 1237672 1 8 25.90 = 25.00 ASSUM NAME # 2
Capacity/Title:	Dullau

abr.pmd Rev. 07/2010

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