(see instruction # 8 on back of form)



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersign@dijk\_MAR 10 AM 8: 44 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF STATE

2. The true name(s) and business address	<i>3</i>
business under the assumed business n Name	
Financial Strategy Center, UC w 18655	P. O. Box 2942, Idaho Falls, ID 83403
The general type of business transacted	d under the assumed business name is:
Retail Trade Transportat  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Financial Strategy Center, LL P. D. Box 2942.  Idaho Falls, ID 83403	
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above):</li> </ol>	ment Phone number (optional):
	Secretary of State use only
Signature:	Secretary of State use only  Secretary of State use only  IPANO SECRETARY OF STATE O

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