



# 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.

10 JUL 12 AM 9:39

SECRETARY OF STATE  
STATE OF IDAHO

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

Custom Billing Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| Name              | Complete Address                                |
|-------------------|---|
| Morgana Samora    | 5927 N Parkwood Circle, Coueur D Alene ID 83815 |
| Katherine Grainer | 16725 Mountainside Dr East, Enumclaw, WA 98022  |

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:

Morgana Samora  
5927 N Parkwood Circle  
Couer D Alene, ID 83815

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

Katherine Grainer  
16725 Mountainside Dr East  
Enumclaw, WA 98022

Signature: Katherine Grainer  
(signature required)

Printed Name: Katherine Grainer

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

D140650

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Revised 04/2003

IDAHO SECRETARY OF STATE  
07/12/2010 05:00  
CK: 4004 CT: 249565 BH: 1230270  
1 @ 25.00 = 25.00 ASSUM NAME #