

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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Please type or print legibly. NOTE: See instructions on reverse before	e filing.
1. The assumed business name which the undusiness is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Michael Durand	of the entity or individual(s) doing e: Complete Address L359 N 1150 E Richfield Td 83349-5141
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Durand Management and Consulting 1359 N (150 F) Richfield Td 83349-5141	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent Phone number (optional): 208-487-2180
m1 /_ 1	Secretary of State use only
Printed Name: Michael Durand Capacity/Title: Owner / President	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE 2/11/2002 05:00 CK: NO CK # CT: 157118 BH: 445364 1 0 28.08 = 20.00 ASSUM NAME # 2