



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED/EFFECTIVE

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

APR 24 PM 2:02  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

AMS Financial

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

Adam M. Stevens

2831 NW 15th St.

Meridian, ID 83642

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

- |   |  |
|---|--|
| <input type="checkbox"/> Retail Trade                                   | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                                | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

Adam Stevens

2831 NW 15th St.

Meridian, ID 83642

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

Phone number (optional):

Signature

(Signature)  
(signature required)

Printed Name: Adam M Stevens

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE  
01/24/2003 05:00  
CK: CASH CT: 150010 BH: 650052  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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