

CERTIFICATE OF ASSUMED BUSINESS NAME FILE

(Please type or print legibly. See instructions on reverse.)



98 JUN -8 PM

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction business is:
Nations First Merchant Services

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

Name	Complete Address
<u>Sherridan Johnson</u>	<u>3308 W Bull RD #E-204</u> <u>BOISE 83706</u>
<u>Richard Johnson</u>	<u>(SAME)</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

(SAME)

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

Secretary of State use only

IDAHO SECRETARY OF STATE
06/08/1998 09:00
OK: none DT: 99810 BH: 117752
1 @ 20.00 = 20.00 ASSUM NAME

DISPOS

Signature: [Signature]
Printed Name: Sherridan Johnson
Capacity: OWNER
(see instruction # 8 on back of form)

Revision 2/97
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