

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

DEC 21 2 50 PM \*01

Please type or print legibly.

NOTE: See instructions on reverse bef	STAT
The assumed business name which the up business is:	ndersigned use(s) in the transaction of
GAVRIC INTERPRETING	SERVICES
2. The true name(s) and <u>business</u> address(es business under the assumed business nam Name  **NITA GAVRIC**	s) of the entity or individual (a)
The general type of business transacted ur	
	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):
	(208) 377-5503
	Secretary of State use only
nature: Huita Gavric'  nted Name: ANITA CAVRIC	ed 01/2001

IDAHO SECRETARY OF STATE

12/21/2001 05:00

CK: 284 CT: 154894 BH: 436876

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