



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

01 JUN -6 PM 1:41

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

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

STAR FINANCIAL GROUP

- 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>MARK R. AKKERMAN</u>	<u>3372 COVERED WAGON WAY</u>
	<u>Boise ID. 83713</u>

- 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 |

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

Phone number (optional): 208-850-6335

3372 Covered Wagon Way
Boise ID 83713

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

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

Signature: [Signature]

Printed Name: MARK R. AKKERMAN

Capacity: Proprietor/owner

(see instruction # 8 on back of form)

Revision 12/99

g:\copy\form\stabin.p65

Secretary of State use only
IDAWD SECRETARY OF STATE

06/06/2001 09:00
CK: 1176 CF: 135325 BH: 401206

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 45885