

Signature

Printed Name: Tom McLinn

(see instruction # 8 on back of form)

Capacity/Title.-Member

## 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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

14:15 Pii 4:15

1. The assumed business name which the undersigned use(s) in the transaction of business is-All Hours Bail Bonds 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 3681 N. Rockcress Ct. Patriot Bail Bonds, Ilc. Boise, Idaho 83713 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of **Assumed Business** Mining Manufacturing Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed-**Basement West** PO Box 83720 William T. "Tom" McLinn Boise ID 83720-0080 3681 N. Rockcress Ct. 208 334-2301 Boise, Idaho 83713 Phone number (optional): 5. Name and address for this acknowledgment COPY is (if other than # 4 above): Secretary of State use only

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IDAHO SECRETARY OF STATE

02/24/2004 05 = 00

CK: CASH CT: 176799 BH: 728906

8 25.00 = 25.00 ASSUM NOME #