

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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

**FILED/EFFECTIVE**  
00 APR 24 AM 10:47



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

Self Help Solutions

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

Georgianna Nation

859 Westwind

Twin Falls, ID 83301

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

Retail Trade

Wholesale Trade

Services

Manufacturing

Agriculture

Construction

Transportation and Public Utilities

Finance, Insurance, and Real Estate

Mining

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

Self Help Solutions

859 Westwind

Twin Falls, ID 83301

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

Same

Signature:

Printed Name: Georgianna Nation

Capacity: Owner

(see instruction # 8 on back of form)

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

IDAHO SECRETARY OF STATE

04/24/2000 09:00  
CX: 2368 CT: 89429 BH: 311688

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