



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.**

FILED EFFECTIVE

2005 JAN 27 AM 9:16

SECRETARY OF STATE  
STATE OF IDAHO

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

EAGLE FREEDOM FUNDING

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

Name	Complete Address
<u>VICKY ROBERTS</u>	<u>PO Box 902</u>
<u></u>	<u>EAGLE, ID 83616</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

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

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

VICKY ROBERTS  
3012 QUEEN ANNE DR  
EMMETT, ID 83617

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

Signature:

Vicky Roberts  
(signature required)

Printed Name:

VICKY ROBERTS

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

1795889

IDAHO SECRETARY OF STATE  
01/27/2006 05:00  
CK: 5043 CT: 158010 BH: 934492  
1 @ 25.00 = 25.00 ASSUM NAME # 2