

Printed Name:

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/E

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2007 23 8:51

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersig business is: CHECK EXPRESS The true name(s) and business address(es) of the	· · · · · · · · · · · · · · · · · · ·	
business under the assumed business name:	e entity of individual(s) doing	ļ
Name	Complete Address	ľ
BILL GODDARD 55	2 BRIARNOOD CHUBI	BUCK_ID 8
PANGODDARD 55:	2 BRIARWOOD CHURE	uck ID8
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
The name and address to which future correspondence should be addressed: BIW GODDARD 552 BRIARNOOD CHUBBUCK TO 83202	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): BILL GODDA PD	Phone number (optional): (208) ZZI-1978	
ature: (signature required)	Secretary of State use only	

IDAHO SECRETARY OF STATE

10/23/2002 05:00

CK: 285 CT: 164425 BH: 642124

1 0 20.00 = 20.00 ASSUM NAME # 2

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