CERTIFICATE OF ASSUMED BUSINESS NAME FILES

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the	undersigned 4	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Peacemaker Mediation			
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name Bonnie Jean McOmber		nplete Address hbourne Drive, Eagle, ID 8361	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	The name and address to which future correspondence should be addressed: Bonnie J. McOmber			
	Peacemaker Mediation 416 W. Ashbourne Dr.		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5	Eagle, ID 83616 Name and address for this acknowledgmen	, nt	Secretary of State 700 West Jefferson Basement West	
J .	COPY is (if other than # 4 above): Same as #4	·· •	PO Box 83720 Boise ID 83720-0080	
			MANUTERINET ART OF STATE	
Signatı	ure: Bonie J. M. Omber	Revision 1/88	11/02/1999 09:00 X: NO CK # CT: 122486 BH: 262988 1 # 20.00 = 20.00 ASSUM NAME # 2	
•	Name: Bonnie J. McOmber	15g		

Owner/Operator Capacity:____

(see instruction # 8 on back of form)

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