	CERTIFICATE OF ASSUN (Please type or print legibly. S	MED BUS See instructio	SINESS NAME ns on reverse. LEEECTIVE	
	(Please type or print legibly. S To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the ssumed Busir	undersignadi i uu iii uu ness Name.	
1.	The assumed business name which the und business is: After Hours Solution	dersigned us	e(s) in the pensettion of the	
2.	The true name(s) and business address(es business under the assumed business name) of the entity	or individual(s) doing	
	David M. Opalenik	Cor	mplete Address 5. Snapdragon P1.	
		Boise	ID 83716	
3.	The general type of business transacted un (mark only those that apply)	nder the assu	med business name is:	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fin	nsportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	correspondence should be addressed:	hone numbe	r (optional):	
	After Hours Solutions 5656 S. Snapdragen Pl.		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Boise ID 83716 Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080	
			208 334-2301 Secretary of State use only	
		Revision 12/89	IDANO SECRETARY OF STATE	
Signatu	ire: Wai M. Gali	Revisi	64/21/2000 69:00 X: 1532 CT: 138117 BH: 311312	
Printed Name: David M. Chalenk		pu 965	1 € 20.00 = 20.00 ASSUM NAME # 2	
Capaci	ty:(see instruction # 8 on back of form)	g korpiformslabn p65	D35178	