

# CERTIFICATE OF ASSUMED BUSINESS NAME

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  
SECRETARY OF STATE  
STATE OF IDAHO

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

Family Financial Planning Service

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	Address
<u>Donald J. Harland</u>	<u>HCO5 Box 139 A</u>
	<u>Priest River, ID 83856</u>

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

Financial Planning & Advising

See categories on the reverse

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

Donald J. Harland  
HCO5 Box 139 A, Priest River, ID 83856

Signed Donald J. Harland

By \_\_\_\_\_

Capacity President

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Ref#  
Book#  
Page#

Secretary of State - use only  
IDAHO SECRETARY OF STATE

09/22/1997 09:00  
CK: 121 CT: 87328 BH: 40615

1 + 20.00 = 20.00 ASSUM NAME

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