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CERTIFICATE OF ASSUMED BUSINESS NAME
(See instructions on reverse.)

NAME OR ACCOUNT (Please type or print legibly. See instructions on reverse.)

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.

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

Ginea Wright's Bookkeeping

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 Complete Address
Georgine Wright 152 E GALLWAY AVE.
WEISER, ID 83672

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

Retail Trade Manufacturing Transportation and Public Utilities
 Wholesale Trade Agriculture Finance, Insurance, and Real Estate
 Services Construction Mining

4. The name and address to which future correspondence should be addressed: **Phone number (optional): 599-0593**
Fax # 549-2750

Ginea Wright
152 E. Galloway Ave
Weiser, ID 83672

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

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

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

Secretary of State use only

Signature: Debraine Wright

Printed Name: Georgina Wright

Capacity: 1000

(see instruction # 8 on back of form)

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IDaho SECRETARY OF STATE
10/08/2002 05:00
CK: 729 CT: 158010 BH: 574885
1 e 20.00 = 20.00 ASSUM NAME N 2

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