CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed Bu Please type or print legibly.	usiness Name.
NOTE: See instructions on reverse before	re filing. STATE OF STATE
1. The assumed business name which the und business is- House of Bail	lersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es)	of the entity or individual(s) doing
business under the assumed business nam <u>Name</u>	e: Complete Address
Anytime Bail Bonds, Inc.	500 Riverview Drive
<u> </u>	Boise, Idaho 83712
 3. The general type of business transacted unit Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed- Dave Armstrong 500 Riverview Drive Boise, Idaho 83712 5. Name and address for this acknowledgme COPY is (if other than #4 above): 	and Public Utilities 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 Phone number (optional):
Signature: Printed Name: David Armstrong Capacity/TitlePresident (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 06/10/2003 $05:200CK: 5363 CT: 140465 BH: 6652461 025.00 = 25.00 ASSUM HAVE # 7$

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