



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

07 SEP 17 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Consumer Credit Counseling Service of Montana

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Rural Dynamics, Inc.

2022 Central Ave, Great Falls, MT 59401

C175032

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

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

Sydney L. Gutierrez, Registered Agent

PO Box 2028, 317 Church Street

Sandpoint, Idaho 83864

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

Consumer Credit Counseling Service of MT

PO Box 2326, 2022 Central Avenue

Great Falls, MT 59403

Signature: [Signature]
(signature required)

Printed Name: Tom Jacobson

Capacity/Title: President/CEO

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/17/2007 05:00
CX: 31448 CT: 217614 BH: 1875964
1 @ 25.00 = 25.00 ASSUM NAME # 3

D 115136