227	
CERTIFICATE OF	
ASSUMED BUSINESS NAME	
Pursuant to Section 53-504, Idaho Code, the undersigned 2016 179 26 164 8: 39 submits for filing a certificate of Assumed Business Name.	
Please type or print legibly. NOTE: See instructions on reverse befo	re filing. District Conditions (ATE
1. The assumed business name which the undersigned use(s) in the transaction of business is: BOTTOMLINE ACCOUNTING + THE SERVICE	
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:</li></ol>	
Name	Complete Address
LINDA CASTElla	10587 W Silver City Cover Boise, ID \$3713
3. The general type of business transacted under the assumed business name is: <ul> <li>Retail Trade</li> <li>Transportation and Public Utilities</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul> Submit Certificate of Assumed Business Name and \$25.00 fee to:           4. The name and address to which future correspondence should be addressed:             Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301           5. Name and address for this acknowledgment copy is (if other than #4 above):	
	Secretary of State use only
Signature: Sustice Casulto (agridue required) Printed Name: LINSA CASTELLO	$\begin{array}{c} D73540\\ \text{IDANO SECRETARY OF STATE}\\ \textbf{02/26/2004} \textbf{05:00}\\ \text{CK: 427 CT: 158010 BH: 729528}\\ \text{1 e 25.00 = 25.00 ASSUM NAME # 2} \end{array}$
Capacity/Title: Owww.rc	1 2 25.00 = 25.00 ASSUM NAME # 2
(see instruction #8 on back of form)	