CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

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	To the SECRETA	ARY OF STAT	E, STATE OF	F IDAHO	
3.3		to Section 53-5 ce of adoption			-
	e assumed busine siness is:	ess name whic	h the undersi	gned use(s) i	n the trans ನಿನ
	National	cash-	Flow	Soluti	:005°

1.	. The assumed business name which the undersigned use(s) in the transaction of business is:					
	National Cash-Flou	w Solutions	9 PH 30			
2.	The true name(s) and business address(es) of the entity or individual(s) doing					
	Name	Complete Address				
	Daniel M. Waganer	903 17th Aue S	Noupa,			
	Peggy L. Wagener _	Same As Abo	ue			
3.	The general type of business transacted une (mark only those that apply)	nder the assumed business name	is:			
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Mining	d Real Estate			
4.	correspondence should be addressed:	Phone number (optional): (208) 465 - 9001				
	903 17th Avo. 5. Nampa, ID 83654	Submit Certificate of Assumed Business Name and \$20.00 fe				
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-008 208 334-2301	Ţ			
		Secretary of State use only				
		IDAHO SECRETARY OF STATE				

Signature: Peggy L. Wagener

Printed Name: Peggy L. Wagener

Capacity:

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM HAME # 2

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