## CERTIFICATE OF ASSUMED BUSINESS NAME

2007 AUG 21 PH 3: 37

SECRETARY OF STATE STATE OF IDAHO

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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Wild Hair Bookkeeping Services 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 Patricia Franceschine 2112 N Columbine Ct. Post Falls, ID 83854 Mailing: PO Box 73, Post Falls, ID 83877 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed; 700 West Jefferson **Basement West** Wild Hair Bookkeeping Services PQ Box 83720 **PO Box 73** Boise ID 83720-0080 208 334-2301 Post Falis, ID 83877 5. Name and address for this acknowledgment CODY is (If other than # 4 above).

Secretary of State use only

IDAHO SECRETARY OF STATE 21/2007 05:00 CK: 1253762 CT: 172099 BH: 1071851 25.00 ASSUM HAME # 2

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Signature: Dh Mancesch Patricia Franceschine Printed Name: \_\_\_\_\_ Capacity/Title: Owner

(see Instruction # 8 on back of form)