7022406115

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.

The assumed business name which the undersigned use(s) in the transaction of business is:		
Cline Transcription		
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name	s) of the ne:	
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities		
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: P.O. Box 86 Blackfoot, Takho 93221	and Pu	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
 Name and address for this acknowledgmen copy is (if other than # 4 above); 	t	Phone number (optional): (208) 785 - 5370
		Secretary of State use only
Signature: Ani J. aline	g templammisten formalsten p66 ArrisedO42008	076273
Printed Name: Liza L. Cline	Bornelebn fam Revieed 042000	IDAHO SECRETARY OF STATE 05/12/2004 05:00
Capacity/Title: OWNCY	1 5 E	CK: 51212417882KAH CT: 172899 BH: 744657
(see instruction # 8 on back of form)	5	