



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 AUG 16 A 10: 11

SECRETARY OF STATE
STATE OF IDAHO

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:

CLAIMS ASSESSMENT 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
<u>SCOTT L. DOUGLAS</u>	<u>21 RIVER DRIVE LANE</u>
	<u>CLARK FORK, ID 83811</u>

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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:

SCOTT DOUGLAS
P.O. BOX 461
CLARK FORK, ID 83811

Phone number (optional):

208-266-0481

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

SAME

Signature: Scott L. Douglas
(signature required)

Printed Name: SCOTT L. DOUGLAS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

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08/17/2004 05:00
CK: 1458 CT: 150010 BH: 761261
1 @ 25.00 = 25.00 ASSUM NAME