



# CERTIFICATE OF ASSUMED BUSINESS NAME

2006 DEC 15 AM 9:03

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

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:

American Payment Solutions

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>American Payment Services of Coeur D'Alene LLC</u>	<u>411 W. Haycraft Ave, Suite B3</u>
<u>W 42775</u>	<u>Coeur D'Alene, ID 83815</u>

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

- |   |  |
|---|--|
| <input type="checkbox"/> Retail Trade                                   | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                                | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |  |

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:

Vic Ford  
411 W. Haycraft Ave, Suite B3  
Coeur D'Alene, ID 83815

Phone number (optional):

888-685-1900

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

Same AS # 4

Secretary of State use only

D106393

IDAHO SECRETARY OF STATE  
12/15/2006 05:00  
CK: 5178 CT: 207530 BH: 1020042  
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Vic Ford

Capacity/Title: \_\_\_\_\_

President

(see instruction # 8 on back of form)