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

To the SECRETARY OF STATE, STATE OF IDAHO

	gives notice of adoption of an As	· · · · · · · · · · · · · · · · · · ·	
1.	The assumed business name which the undersigned use(s) in the transaction of		
	Sawtooth Vend:	ng	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Expense Management	<u>Cor</u>	mplete Address
	Services, Fac.	8357 E	Boulder Hts Dr.
	<u>C133455</u>	Boise	ID 83712
3.	The general type of business transacted un (mark only those that apply)	der the assu	med business name is:
	Retail Trade	☐ Fina ☐ Min	
4.	The name and address to which future P correspondence should be addressed:	hone number	(optional): 208/389-2162
	Expense Man Sawfooth Vendi	19	Submit Certificate of
	3357 E. Boulder Hts Dr.	J	Assumed Business Name and \$20.00 fee to:
	Boise, D, 83712		Secretary of State
5.		t	700 West Jefferson Basement West
	COPY IS (if other than # 4 above).		PO Box 83720 Boise ID 83720-0080
			208 334-2301
		8	Secretary of State use only
		12/99	IDAHO SECRETARY OF STATE

Signature: Syme M. Davies Printed Name: Lynne M.

Capacity:____

(see instruction # 8 on back of form)

10/20/2000 09:00 CK: 1915 CT: 137450 BH: 355689

1 0 20.00 = 20.00 ASSUM NAME # 2

D398(d)