FILED EFFECTIVE 27/19 SEP 24 AM 8: 46



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.

(see instruction # 8 on back of form)

 The assumed business name which the under business is: 	· · · · · · · · · · · · · · · · · · ·
<u>ioeur d'Alene Bookkee</u>	eping Services
The true name(s) and business address(es) or business under the assumed business name:	
Name	Complete Address
Christina C. Goold	0832 N Calispel Drive
	Coeur d'Alene, ID 83815
The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation ar Wholesale Trade Construction	nd Public Utilities
Services Agriculture	Submit Certificate of
	Assumed Business 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
Christina Goold	PO Box 83720
6832 N calispel Drive	Boise ID 83720-0080 208 334-2301
Coeur a'Alene, ID 83815	
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	(208)765-5560
	Secretary of State use only
	59d t
Signature: Complex (signature required)	oms'abr
Printed Name: Christina Goold	10AHO SECRETARY OF STATE 10AHO SECRETARY OF STATE 9/24/2003 05:00 CK: 1101 CT: 158010 BH: 783241
Capacity/Title: OWNer	09/24/2003 05:00 CK: 1101 CT: 158818 BH: 783241
(see instruction # 8 on back of form)	5 1 @ 25.00 = 25.00 ASSUM WAME #

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