

FILED/EFFECTIVE



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.

1. The assumed business name which the undersigned use(s) in the transaction of business is:
THE OKADA GROUP INVESTMENT ADVISORS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:
Name: ROBERT OKADA Complete Address: P.O. Box 6838
120 N. Leadville.
Ketchum, Id. 83340

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 \$20.00 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:
ROBERT OKADA
OKADA GROUP INVESTMENT ADVISORS
P.O. Box 6838, Ketchum Id.
83340

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

Phone number (optional):

Signature: [Handwritten Signature]
(signature required)

Printed Name: ROBERT OKADA

Capacity/Title: PRINCIPAL - Sole Proprietor
(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
11/25/2002 05:00
CK: 1188 CT: 158010 BH: 647768
1 @ 20.00 = 20.00 ASSUM NAME # 2

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