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.



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Cowan & Cowan and Asso	ciates Business Consulting
2. The true name(s) and business address(es) business under the assumed business name Name Angela Cowan	
. The general type of business transacted und	der the assumed business name is: and Public Utilities
 Wholesale Trade Gervices Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Angela Cowan	Secretary of State 700 West Jefferson Basement West PO Box 83720
929 W Davidson Ave Coeur d'Alene, ID 83814	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
nature: Angula Cowan (signature required)	IDAHO SECRETARY OF STATE ### Company of the compan
pacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 05/07/2007 05:0 CK: 3750456105 CT: 150010 BH: 1 1 0 25.00 = 25.00 ASSUM MAN