

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

SOFTANT OF E

Pursuant to Section 53-504, Idaho Code, the undersigned SEB - 8 AN 9:01 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)

Хр	ress Collectors Agency
The true name(s) and business add business under the assumed busines Name	lress(es) of the entity or individual(s) doing ess name: Complete Address
CardEz Credit Affiliates, LLC	525 Park Avenue, Idaho Falls, Idaho 83402
W 2-8618	525 Carry Worlde, Idanio Falis, Idanio 83402
	cted under the assumed business name is:
Services Agricu Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed CardEz Credit Affiliates, LLC 	
P.O. Box 50050	Boise ID 83720-0080
Idaho Falls, Idaho 83405	208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). William R. Dalling 	edgment Phone number (optional): (888) 522-2350
P.O. Box 50050	Secretary of State use only
ignature: (signature required) william R. Dalling	Revised 04/2003 Revised 04/2003 IDAHO SECRETARY OF STATE
apacity/Title: President	IDAHO SECRETARY OF STAT

IDAHO SECRETARY OF STATE

02/08/2006 05:00

CK: 157 CT: 158010 BH: 936771
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