	CERTIFICATE OF ASSUM (Please type or print legibly. See	e instructions on reverse.)
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho gives notice of adoption of an Ass	o Code, the undersigned CRETAN 9:04
1.	The assumed business name which the und business is:	lersigned use(s) in the transaction of AHO
2.	The true name(s) and business address(es) business under the assumed business name Name Name TEFFREY DOWN WHITTEMORE TO NOTE SOLUTION	e is/are: Complete Address 25 535 4th Avenue. North
	JENNIFER LYNN "	Twin Falls, ID 83301
3.	The general type of business transacted und (mark only those that apply)	der the assumed business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Ph correspondence should be addressed:	none number (optional): 308-733-4908
	Twin Falls, ID	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
Signati Printed	ure: Jeffrey D. Whittemore	IDAHO SECRETARY OF STATE 99/21/2000 09:00 CX: 2865 CT: 136285 IH: 349888 1 8 28.88 = 28.88 ASSUM NAME # 2
Capac	(see instruction # 8 on back of form)	1 8 28.80 = 29.80 ASSUM NAME # 2