

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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.



Matcl	ing Services	
2. The true name(s) and business address( business under the assumed business na Name Jerry Seehof	me: Com	r individual(s) doing nplete Address Rock Road, Boise, ID 83712
3. The general type of business transacted  Retail Trade  Transportat	under the assume	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed:  Matching Services  2865 Table Rock Road  Boise, ID 83712	e Se 70 Ba	abmit Certificate of sumed Business ame and \$25.00 fee to: ecretary of State 0 West Jefferson asement West D Box 83720 bise ID 83720-0080 8 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above).	- nent Pho -	one number (optional); 208-336-7582
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nature:	g/corpyforms\abn forms\abn,p65 Revised 04/2003	0102357
pacity/Title:owner (see instruction # 8 on back of form)	grkearpk	IDAHO SECRETARY OF STATE <b>08/03/2006 05:0</b> CK: 1251 CT: 203031 BH: 9681  1 8 25 89 = 25 89 OSSIM NAME