

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.



1. The assumed business name which the undersigned use(s) in the transaction of business is:

A & A CHECK RECOVERY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
RICHARD AMBRECHT	210 7TH AVE N
DENA AMBRECHT	PO BOX 899
	PAYETTE, ID 83661

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

A & A CHECK RECOVERY
 PO BOX 899
 PAYETTE, ID 83661

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

KEY BANK OF IDAHO
 PO BOX 385
 FRUITLAND, ID 83619

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

Secretary of State use only

IDAHO SECRETARY OF STATE

06/19/2000 09:00
CK: 633540073 CT: 5186 BH: 327316

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 36750

Signature: [Handwritten Signature]

Printed Name: Dena Ambrecht

Capacity: OWNER

(see instruction # 8 on back of form)