

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

97 JUNE 2 PM 2:52
SECRETARY OF STATE
STATE OF IDAHO

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

LAKE SIDE PROFESSIONAL SERVICE

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

Name	Address
<u>EILEEN E. CAMP</u>	<u>111 N. 2ND ST SE, COEUR D'ALENE, ID 83814</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

ACCOUNTING SECRETARIAL #8
See categories on the reverse

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

EILEEN E. CAMP DBA
LAKE SIDE PROFESSIONAL SERVICE
111 N. 2ND ST SE, COEUR D'ALENE, ID 83814

Signed Eileen E. Camp
By Eileen E. Camp
Capacity Owner

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 06/02/1997
0900 97983 2
EX #: 1 CUST# 82288
ASSUM NAME 10 20.00= 20.00

#1 D 5054