## CERTIFICATE OF ASSUMED BUSINESS NAME 9: 04

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

ado	Pursuant to Section 53-504, Idaho Copption of an Assumed Business Name.	ode, the undersigned gives notice of O	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Paragon Professional Associates		
	Furagon Frotessional	7.3303,130	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Katherine Owens	Address 1278 Riviera Dr Idaho Falls, 10	
3. The general type of business transacted under the assumed business name is:  # 9 - 5ervices			
	See categories on the reverse		
4.	4. The name and address to which correspondence should be addressed:  Paragon Professional Associates  [278 Riviera Drive, Idaho Fasts, Idaho 83404]		
	1278 Riviera Drive, Idaho Falls, Idaho 83404		
	Signed Katheren Owens  By		
	Capaci	ty Owner	
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #	
		Secretary of State use only	
	Secretary of State	S CTATE	

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 IDAHO SECRETARY OF STATE

12/29/2003 05:00

CK: 1001 CT: 158010 BH: 664082

1 0 20.00 = 20.00 ASSUM NAME # 2

D 62667