Capacity: >0(e

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) SECRETARY OF STATE, STATE OF IDARIO Pursuant to Section 53-504, Idaho Code, the undersigned Am 9: 29 To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Bookkeeping Black 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 Complete Address PAM PO Box 234-Soudpoint AUNAN 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future correspondence should be addressed: Submit Certificate of unan Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE Signature: **85/07/1999 09:00** CX: 4639 CT: 115205 BH: 214683 Printed Name:

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