C	ERTIFICATE OF	FILED/E
	MED BI ISINESS	
Pursuant to Section 53-504, Idaho Code, the undersigned? JUN 12 AM 9: 05 submits for filing a certificate of Assumed Business Name.		
Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF STATE STATE OF IDAHO		
 The assumed business name which the undersigned use(s) in the transaction of business is: 		
Multitask Bookkeeping and Administrative Services		
 The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: 		
Name Complete Address		
<u>Celise Sn</u>	nith	907 N. Eider Drive
		meridian, Io 83642
The general type of business transacted under the assumed business name is:		
Retail Trade Transportation and Public Utilities		
Wholesale Ti	rade Construction	
Manufacturin		Submit Certificate of Assumed Business
Finance, Insu	irance, and Real Estate	Name and \$20.00 fee to:
4. The name and add	ress to which future	Secretary of State
	ould be addressed:	700 West Jefferson Basement West
<u>Celise Sr</u>		PO Box 83720 Boise ID 83720-0080
	Fider Drive	208 334-2301
5. Name and address for this acknowledgment Phone number (optional):		
COpy is (if other than # 4 above):		
		Secretary of State use only
Circuit Contraction	APril 1	
Signature: <u>CEUSE ABMIL</u> Printed Name: <u>Celise A. Smith</u> Capacity/Title: <u>president/owner</u> IDANO SECRETARY OF DES		D5-5700
Printed Name: <u>Celise A. Smith</u>		
Capacity/Title: <u><u>Preside</u> (see instruction # 8 o</u>		IDANO SECRETARY OF STATE
		06/12/2002 05:00 CK: 1227 CT: 156016 BH: 47123
		28.00 ASSUN NAME # 2

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