CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	no Code, the	undersigned 9 17 M W	
1.	The assumed business name which the unbusiness is:	dersigned us	e(s) in the transaction of	
	PROFESSIONAL	CONCIER	COE	
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>	Cor	nplete Address	
		4614 ALAMOSA ST.		
		BOISE,	ED. 83703	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction			
 The name and address to which future Phone number (option correspondence should be addressed: 			(208) (optional): 336 - 9090	
	PROFESSIONAL CONCLERGE 4614 ALAMOSA ST.		Submit Certificate of Assumed Business	
			Name and \$20.00 fee to:	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above).	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		88	Secretary of State use only	
		IDANO SECRETARY OF STATE 102/08/2000 09:00 110:00:00:00:00:00:00:00:00:00:00:00:00:		
Signature:		å C	K: CASH CT: 126392 BH: 200293 1 0 20.00 = 20.00 ASSUM MANE 1 2	
Printed Name: Guy Cooper			1 C CO.00 - CO.00 NOOUN MEEL & C	
Capacity: OWNER		korpVorms\abn.p85	D 32886	
(see instruction # 8 on back of form)		8	\cup \cup \times 0.04	