

FILED/EFFECTIVE

## 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.

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

Work at Home Services

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>Sharon Vergine</u>	<u>2292 Forest Vale Dr</u>
	<u>Twin Falls ID 83301</u>

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

Service  
See categories on the reverse

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

Work at Home Services  
PO Box 5393 TF ID 83301-5393  
Signed Sharon Vergine  
By \_\_\_\_\_  
Capacity owner

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

Customer #

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/29/2000 09:00  
CX: 6036 CT: 135351 NI: 344710

1 @ 20.00 = 20.00 ASSUM NAME # 2

INSTRUCTIONS

D3 6550