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

FILED

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:

   Root Hill Security Service

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
Kimmie Fayleane Robbins	P.O. Box 57
	Parma Idaho
	83660

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

   - [ ] Retail Trade
   - [ ] Wholesale Trade
   - [X] Services
   - [ ] Manufacturing
   - [ ] Agriculture
   - [ ] Construction
   - [ ] Transportation and Public Utilities
   - [ ] Finance, Insurance, and Real Estate
   - [ ] Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 222-5886

   Kimmie Fayleane Robbins
   P.O. Box 57
   Parma Idaho 83660

5. Name and address for this acknowledgment copy is (if other than # 4 above):

   _____

   _____

   _____

   > Submit Certificate of Assumed Business Name and $20.00 fee to:
   >
   > Secretary of State
   > 700 West Jefferson
   > Basement West
   > PO Box 83720
   > Boise ID 83720-0080
   > 208 334-2301

Signature: Kimmie Fayleane Robbins

Printed Name: Kimmie Fayleane Robbins

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97

11/24/1997 09:00
CK: 60542565608 CT: 90219 BH: 57951

1 @ 20.00 = 20.00 ASSUM NAME

D 9990