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

To the SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: Safety Consulting and Training Services (S.C.T.S.)		
<u>Name</u>	Complete Address	
David 1. York		83709-2489
The general type of business transacted (mark only those that apply)	d under the assu	med business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Constructi	e 🔲 Fina	nsportation and Public Utilities ance, Insurance, and Real Esta ing
The name and address to which future correspondence should be addressed:	Phone number	(optional): <u>208-321-7057</u>
David L. York	<u>. </u>	Submit Certificate of Assumed Business
10034 Countryman Dr.		Name and \$20.00 fee to:
10034 Countryman Dr. Boise, ID 83709-2489	•	Secretary of State
•	nent	

Sig

Printed Name: __David_L

Capacity: Owner

RANGE TO STATE OF THE STATE OF

(see instruction # 8 on back of form)

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