CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

	WHISPER MOUNT	MIN PROFESSI	ONAL SEKVICES	
	me(s) and business addres nder the assumed business Name		entity or individual(s) doing Complete Address	
	RICK FAWCETT		1455 EAST CEDAR, POCATELLO, ID 83201	
		***************************************	, and a second s	
3. The genera	I type of business transacte	d under the	assumed business name is:	
Retail	Trade Transport	ation and Pu	blic Utilities	
☐ Whole	esale Trade 🔲 Construc	tion		
✓ Service	ces 🔲 Agricultu	re	Submit Certificate of	
Manu	facturing		Assumed Business	
☐ Finan	ce, Insurance, and Real Es	tate	Name and \$25.00 fee to:	
	and address to which future		Secretary of State	
	correspondence should be addressed:		700 West Jefferson	
			Basement West	
RICK FAWCETT			PO Box 83720	
1455 EAST	1455 EAST CEDAR		Boise ID 83720-0080 208 334-2301	
POCATELL	POCATELLO, ID 83201			
5. Name and	address for this acknowled	gment	Phone number (optional):	
copy is (if ot	her than # 4 above).			
m, a			Socretary of State use only	
			Secretary of State use only	
	1 X 7 (()	Abn.p65		
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gnature:	(signature required)	fel 623		
	(signature required) RICK FAWCETT	ms/abn for vised 04/200	IRANO GEORGEANA	
gnature: inted Name: apacity/Title:		g-korpitomskabn formskabn p65	IDAHO SECRETARY OF STATI 04/23/2004 05 ; CK: 38842 CT: 158010 BH: 74	

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