CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on report FILED/EFFECTIVE.

To the SECRETARY OF STATE, STATE OF IDAHO OF DEC 13 AM 8: 48

	Pursuant to Section 53-504, Ida gives notice of adoption of an As	ssumed Busi	ness Name. AV CF STATE	
1.	1. The assumed business name which the undersigned use(s) in the transaction o business is:		se(s) in the transaction of	
	HOPKINS INVESTIGATIVE SE	HOPKINS INVESTIGATIVE 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	Co	mplete Address	
	PHILIP G. HOPKINS	HILIP G. HOPKINS P. O. BOX 3153		
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	Fin Mir	nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future Phone number (optional):correspondence should be addressed:			
	HOPKINS INVESTIGATIVE SERVICES P.O. Box 3153		Submit Certificate of Assumed Business	
	Boise, Idaho 83703		Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above): Secretar 700 West Baseme PO Box Boise ID		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		12/99	Secretary of State use only IDANO SECRETARY OF STATE	
natu	re: Philip D. Hogkus	Revision 12/99	12/13/2000 09:00 CK: 1145 CT: 139577 BH: 366368	
ntod	Name: PHILIP G. HOPKING	l. <u>.</u>	1 0 20.00 = 20.00 ASSUM NAME # 2	

Sig

Printed Name: PHILIP G. HOPKINS

OWNER Capacity:

(see instruction # 8 on back of form)

D41157