	CERTIFICATE OF ASSU (Please type or print legibly. To the SECRETARY OF STATE, ST Pursuant to Section 53-504, ke gives notice of adoption of an	S€ AT dah	e instr E OF II to Code	ruction DAHO e, the	s on reverse.) undersigned		FILED 4 39 PH O	
1.	The assumed business name which the business is: Wilson & McColl	und	dersign	ed us	e(s) in the trar	nsaction (of	
2.	The true name(s) and business address(business under the assumed business not some Name Wilsonlaw, P.A.	am	e is/are	e: <u>Con</u>	or individual(s nplete Addres nington, B	<u>s</u>	<u>ID</u> 8370	
3.	The general type of business transacted (mark only those that apply) Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	ring		Tra	nsportation ar ance, Insuranc	nd Public	Utilities	
4.	The name and address to which future correspondence should be addressed: Wilson & McColl	espondence should be addressed:						
	P.O. Box 1544 Boise, Idaho 83701				Submit Certifi Assumed Bus Name and \$2	sin e ss 2 0.00 fee t	to:	
5.	5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of Sta 700 West Jeffel Basement Wes PO Box 83720 Boise ID 83720 208 334-2301							
			7.68		Secretary of S	tate use only	,	
Size to the same of the same o			Revision 12/99		IDAHO SECRET			
Printed Name: Leffrey M. Wilson					CK: 18392 CT:	50298 BH:	281564	
d de					1 0 20.60 =	26.88 ASSI	JA NAME # 2	
Capacity: President								

(see instruction # 8 on back of form)

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