

FILED**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

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.



90 APR 13 1999 9:08

1. The assumed business name which the undersigned use(s) in the transaction of business is:

PEST BLISTERS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>GINA LARAE WILL</u>	<u>341 N. 450 W.</u>
<u></u>	<u>BLACKFOOT, ID.</u>
<u></u>	<u>83221</u>

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

GINA L. WILL
341 N. 450 W.
BLACKFOOT, ID 83221

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

Signature: Gina L. Will

Printed Name: GINA L. WILL

Capacity: OWNER/OPERATOR

(see instruction # 8 on back of form)

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

Secretary of State use only
IDAHO SECRETARY OF STATE

04/16/1999 09:00
CK: 225 CT: 114176 BH: 207824

1 @ 20.00 = 20.00 ASSUM NAME # 2

025106

Revision 2/97

g:\corp\forms\statn.pms