

**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:

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

ALBERT'S SERVICE

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	Complete Address
ALBERT EKSTROM	17-SOUTH MAIN MALAD, Id
MARVIN EKSTROM	11
TIM EKSTROM	11

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" 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): 208-766-4502

1 ALBERT SERVICE  
17-SOUTH MAIN ST  
MALAD, Id 83252

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

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

CO FILED - 9 AM 8:47

Secretary of State use only

Signature: Albert EkstromPrinted Name: ALBERT EKSTROMCapacity: GENERAL PARTNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

02/09/1998 09:00  
OK: 5121 CT: 93903 BH: 00267

1 @ 20.00 = 20.00 ASSUM NAME

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