CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO 98 APR -6 AM 10: 54

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name SECRETARY OF STATE STATE OF IDAHO

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

   Lone Eagle Sprinklers

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
Stephen Mack	5999 W. 17th So. Idaho Falls, Id 83402
Camille Mack	" "

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

   ☐ Retail Trade   ☐ Manufacturing   ☐ Transportation and Public Utilities
   ☐ Wholesale Trade   ☐ Agriculture   ☐ Finance, Insurance, and Real Estate
   ☒ Services   ☐ Construction   ☐ Mining

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

   Stephen Mack
   5999 W 17th So.
   Idaho Falls, Id 83402

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

Signature: _Stephen Mack_

Printed Name: _Stephen Mack_

Capacity: _Owner_

(see instruction # 8 on back of form)

Revision 1/96