



Capacity/Title: Pres.

## CERTIFICATE OF ASSUMED BUSINESS NAME

20H-MAR -2 AM II: 10

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersigned business is:     Protection Plus	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Never Lest LLC  (W97375)	Complete Address  Pole line Rd Twin Falls ID
3. The general type of business transacted under the Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Protection Plus  1485 Pole Line Road (suite T24)  Twin Falls I Do. 83301 Plus	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Edward wads worth  Capacity/Title: dw nes	Secretary of State use only
Printed Name: Tylw Satterthuaite	IDAHO SECRETARY OF STATE  @3/@2/2011 @5:00  CX: 619889 CT: 172899 BH: 126234' 1 @ 25.00 = 25.00 ASSUM MAME N

abn.pmd Rev. 07/2010

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