

# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED/EFFECTIVE**

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.

00 APR 21 AM 10:09

SECRETARY OF STATE

STATE OF IDAHO

1. The assumed business name which the undersigned uses in the transaction of business is:

Tracker Professional Process 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

Address

Michael J. Witherspoon

1406 Washington St. South

Shandra L. Witherspoon

Twin Falls ID 83301

3. The general type of business transacted under the assumed business name is:

g. services

See categories on the reverse

4. The name and address to which correspondence should be addressed:

1406 Washington St. South

Twin Falls ID 83301

Signed Michael J. Witherspoon

By

Capacity owner - President

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

04/21/2000 09:00  
CK: 81566263 CT: 130111 IN: 311205

1 @ 20.00 = 20.00 ASSUM NAME # 2

\$ 350.00

Revision 10/98  
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