

CERTIFICATE OF

FALED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAMED AUG 12 P.12: 54

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

STATE OF IDAHO

NOTE: See instructions on reverse before filing.

NOTE: See instituctions on the	
The assumed business name which the undersignation business is: Watts Service and	1
2. The true name(s) and business address(es) of t business under the assumed business name: Name Stanley Watts	ne entity or individual(s) doing Complete Address 704 Gem Deive Kinberly IP 83341
3. The general type of business transacted under Retail Trade Transportation and	
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Stanley Watts 704 Gem Drive	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-423-58/2
DL EVANS BANK PO BOY B7 TWIN FALLS ID 83303	Secretary of State use only
Signature: ## Visignature required	IDAHO SECRETARY OF STATE 88/12/2003 05:00 CX:2231 CT: 158810 BH: 695976 CX:2231 CT: 25880 BH: 695976
Printed Name: Stanley Watts	IDAHO SECRETARY OF STATE OB/12/2003 05:00 CV. 221 CT: 158810 BH: 695976
Capacity/Title: OWN 47((see instruction # 8 on back of form)	CK: 2231 CI: 136016 BH: 633776 1 @ 25.00 = 25.00 ASSUN NAME # 3