



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See Instructions on reverse)

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.

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

SAFETY SOLUTIONS + SERVICES

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
<u>CLORINDA MCBURNEY</u>	<u>2157 ALTA VISTA DR.</u>
<u></u>	<u>TWIN FALLS, ID 83301</u>
<u></u>	<u></u>

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 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) 736-8427

CLORINDA MCBURNEY
2157 ALTA VISTA DR.
TWIN FALLS, ID 83301

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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/10/2001 09:00
CK: 1559 CI: 140635 BH: 372006

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 41733

Signature: Clorinda MCBurney

Printed Name: CLORINDA MCBURNEY

Capacity: PRESIDENT

(see instruction # 8 on back of form)

Revision 12/99

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