

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED



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 of STATE

02 FEB 20 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

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

LANGDON 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
WESLEY L. KIMSEY

Complete Address
2700 E. SELTICE WAY, SUITE 2-174, POST FALLS, ID.
83854

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

- | | | |
|--|--|--|
| <input 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): _____

LANGDON SERVICES

2700 E. SELTICE WAY - ST. 2-174

POST FALLS, ID. 83854

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: Wesley L. Kimsey

Printed Name: WESLEY L. KIMSEY

Capacity: DIRECTOR

(see instruction # 8 on back of form)

Revision 2/87

g:\corplm\alabn pm6

Secretary of State use only
IDAHO SECRETARY OF STATE

02/20/1998 09:00
CK: 1058 CT: 94547 BH: 83769

1 @ 20.00 = 20.00 ASSUM NAME

D B325