FILED EFFE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Places type or print legibly

NOTE: See instructions on reverse bet	fore filing.
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
SCS INV	VESTIGATIONS
The true name(s) and business address(e business under the assumed business na Name Joe C. Packer	(es) of the entity or individual(s) doing ame: Complete Address 2173 Sonoma Dr., Meridian, ID 83642
	tion and Public Utilities
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Joe C. Packer 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
2173 W. Sonoma Dr. Meridiain, ID 83642	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	gment Phone number (optional):
	Secretary of State use only
Signature: Printed Name: Capacity/Title: Owner/President (see instruction # 8 on back of form)	- IDAHO SECRETARY OF STATE O1/07/2003 05:0 CK: 6471 CT: 158818 BH: 6551! 1 8 28.88 = 28.88 ASSUM NAME