

# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

97 AUG - 1 11 9:06  
SECRETARY OF STATE IDAHO

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

SPECIALIZED 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	Address
<u>D. MAX BARTLETT</u>	<u>409 S. SHOSHONE ST #6</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:

WHOLESALE & RETAIL TRADE  
See categories on the reverse

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

SPECIALIZED SERVICES  
P.O. Box E TWIN FALLS, ID 83303

Signed D. Max Bartlett

By \_\_\_\_\_

Capacity Owner

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

08/01/1997 09:00  
CX: 1 CT: 85196 BH: 26399

1 @ 20.00 = 20.00 ASSUM NAME

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