



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED/EFFECTIVE**

2002 AUG 19 PM 2:42

SECRETARY OF STATE  
IDAHO

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

BioLife Research Center,

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Mark Mansfield

Complete Address

4995 W. Timberline

Pocatello ID

83201

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" type="checkbox"/> Manufacturing            | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

Mark Mansfield  
4995 W. Timberline  
Pocatello ID 83201

5. Name and address for this acknowledgment copy is (if other than # 4 above):

same

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

Phone number (optional):

208-233-7495

Secretary of State use only

Signature:

Mark Mansfield  
(signature required)

Printed Name:

Mark Mansfield

Capacity/Title:

President

(see instruction # 8 on back of form)

g:\corpforms\abn forms\abn.pdf  
Revised 07/2002

IDAHO SECRETARY OF STATE  
08/20/2002 05:00  
CK: 1203 CT: 150010 BH: 483752  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 57464