

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

98 AUG 26 PM 2:18

SECRETARY OF STATE
STATE OF IDAHO

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

The Providers

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

Philip J. H. Squire

435 W. Park Ave.

Laura L. Squire

Kellogg, Id. 83837

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

Retail Trade

See categories on the reverse

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

The Providers

P.O. Box 36, Kellogg, Id 83837

Signed

P. J. H. Squire / Laura L. Squire

By

Capacity

Co-owners

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

CR # 2775 8/21/98

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

State Tax Commission
Sellers Permit # 000333269-S

Customer #

IDAHO SECRETARY OF STATE use only

08/26/1998 09:00
CK: 2775 CT: 183227 BN: 139993

1 @ 20.00 = 20.00 ASSUM NAME

#D17765

Revision 10/98

3/10/99 10/98