



# 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.**

2004 FEB 17 AM 9:52

CLERK OF STATE  
STATE OF IDAHO

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

Service Alternatives for Idaho

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

Name

Complete Address

Service Alternatives for Washington, Inc.

20 NW First, PO Box 595, Coupeville, WA 98239

0139279

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 checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Service Alternatives for Washington, Inc.

PO Box 595

Coupeville, WA 98239

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

Phone number (optional):

360-678-6071

Signature:

*Martha L. M. Olsen*  
(signature required)

Printed Name: Martha L. M. Olsen

Capacity/Title: Vice President/Treasurer

(see instruction # 8 on back of form)

Secretary of State use only

093140

IDAHO SECRETARY OF STATE  
02/17/2004 05:00  
CK: 17311 CT: 140783 BH: 727020  
1 @ 25.00 = 25.00 ASSUM NAME # 2