

## CERTIFICATE OF ASSUMED BUSINESS NAME

2002 JUN 24 AM 10: 12

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is:  EMERGENCY RESPONSE SOL	UTIONS
The true name(s) and <u>business</u> address(es) business under the assumed business name: <u>Name</u>	of the entity or individual(s) doing : Complete Address
EMERGENCY RESPONSE TEAM  CONSULTING, INC.  C144365	834 F 1425 N SHELLEY ID 83274
Tretail Hado	der the assumed business name is: and Public Utilities
<ul> <li>Wholesale Trade</li></ul>	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
The name and address to which future correspondence should be addressed:  834 E 1425 N  SHELLEY ID 83274	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):
SAME AS IN #4	

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Signature Sur Scale

Printed Name: STEVE JORDAN

Capacity/Title: PRESIDENT

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

96/24/2002 95:00

CK: 1788 CT: 89689 BH: 473521

1 9 20.00 = 20.00 ASSUM NAME # 2

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