



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.

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

Money Mailer of Southeast Idaho

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

Name

WCS Enterprises, Inc.

C 146149

Complete Address

1420 East 17th Street, Suite H

Idaho Falls, Idaho 83434

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 | |

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

Wesley C. Shelton

1420 East 17th Street, Suite H

Idaho Falls, Idaho 83434

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

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

Phone number (optional):

Secretary of State use only

Signature:

WCS Enterprises, Inc.
Kathryn K. Shelton
(signature required)

Printed Name:

Kathryn K. Shelton

Capacity/Title:

Vice President, Secretary

(see instruction # 8 on back of form)

g:\corpforms\labn form\slabn.p65
Revised 09/2002

IDAHO SECRETARY OF STATE
11/07/2002 05:00
CK: 4183 CT: 164005 BH: 644956
1 @ 20.00 = 20.00 ASSUM NAME # 4

D59742