

## CERTIFICATE OF ASSUMED BUSINESS NAME

02 00T 10 ANIO: 38

FILED/EFFECTIVE

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

STATE OF TOAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

?. The true name(s) and business address(es) or business under the assumed business name: Name	· · · · · ·
	Complete Address
Schindler Elevator Corporation	
C 60571	Morristown, NJ 07960
. The general type of business transacted unde	r the assumed husiness name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Ahn: Desmond O'Brien  Desmond O'Brien  Desmond O'Brien  Desmond O'Brien	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
Morristown, NJ 67960  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 973 397 6033
	Secretary of State use only

IDAHO SECRETARY OF STATE
10/10/2002 05:00
CK: 132158155 CT: 4567 BH: 575375
1 @ 20.00 = 20.00 ASSUM NAME # 2

D58978

Capacity/Title: Assistant Treasurer

(see instruction # 8 on back of form)