CERTIFICATE OF ASSUMED BUSINESS NAMECTIVE

	(Please type or print legibly. See instructions on reverse.)			
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned of gives notice of adoption of an Assumed Business Name.				
1.	The assumed business name which the und business is: FIRE SAFE EXHAMST PAND		י פון ריי	
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	Com	plete Address	
	ROBERT J MATHESON, JR.	P.O. Bo	× 6106	
		TWINF	Jans, In. 83303	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	□ Retail Trade □ Manufacturing □ Wholesale Trade □ Agriculture □ Services □ Construction	☐ Fina	•	
4.	The name and address to which future correspondence should be addressed:			
	FIRE SAFE EXHMUST HUN STEPM	Ciaminis	Submit Certificate of	
	P.O. Box 6106		Assumed Business	
			Name and \$20.00 fee to:	
	TWIN FARLS, Ip. 83303		Secretary of State 700 West Jefferson	
5. Name and address for this acknowledg		t	Basement West	
	COPY IS (if other than # 4 above).		PO Box 83720 Boise ID 83720-0080	
			208 <u>334-2301</u>	
			Secretary of State use only	
	Λ	12/89	-	
	thus.	Revision 12/89		
Signat	ure: K-VVAL		TRAIN AGENT	

Printed Name: Longot J. Mormeson, Ja.

Capacity: <u>OWNOR</u>

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
11/30/2001 05:00
CK: 1585 CT: 154892 BH: 432011
1 0 20.00 = 20.00 ASSUM NAME # 2

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