

FILED/EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

01 JUN 11 AM 9:40

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name. SECRETARY OF STATE  
STATE OF IDAHO

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

Eagle Eye Services

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	Complete Address
<u>Darrin Smith</u>	<u>P.O. Box 1315, Rathdrum, Id 83858</u>
<u>Christy Moore</u>	<u>P.O. Box 1315, RATHDRUM, Id 83858</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Agriculture
- Construction
- Transportation and Public Utilities
- Finance, Insurance, and Real Estate
- Mining

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

Phone number (optional): 208-964-7383

Eagle Eye Services  
P.O. Box 1315  
Rathdrum, Id 83858

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

Eagle Eye Services  
c/o DANA Kinsey Accounting  
704 E. Seltice Way  
Loss Falls, Id 83854

Signature: [Signature]

Printed Name: Darrin Smith

Capacity: General Partner

(see instruction # 8 on back of form)

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

IDAHO SECRETARY OF STATE only

06/11/2001 09:00  
CK: 6374668935 CT: 147429 BH: 481992

1 @ 20.00 = 20.00 ASSUM NAME # 2

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