



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

99 JUL 14 PM 4:40

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:

P.A.T. & Associates

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>Donald Coates</u>	<u>3355 N. Five Mile #274</u>
	<u>Boise ID 83713</u>

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

- | | | |
|--------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 208.331.3000

Donald Coates
620 N. ORCHARD
Boise, ID 83706

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

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

Signature:

Donald Coates

Printed Name:

Donald Coates

Capacity:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

07/15/1999 09:00
CK: 3385 CT: 110010 BH: 233963

1 @ 20.00 = 20.00 ASSUM NAME # 27

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