

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. Please type or print legibly.

FILED EFFECTIVE

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

FIRST AMERICAN SPECIALTY SERVICES	
The true name(s) and business address(es) business under the assumed business name	
Name	Complete Address
EXCHANGE SERVICES, INC.	P.O. BOX 580 / 195 SOUTH BROADWAY
<u> </u>	BLACKFOOT, IDAHO 83221
	ler the assumed business name is:
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: P.O. BOX 580	Secretary of State 700 West Jefferson Basement West PO Box 83720
BLACKFOOT, IDAHO 83221	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional): (208) 785-5511
	Secretary of State use only
gnature: (signature required)	IDAHO SECRETARY OF STATE 21/08/2004 05 = 0 CK: 1995 CT: 158910 BH: 7295 1 8 25.80 = 25.80 ASSUM NAME
inted Name: Shauna Romrell	IDAHO SECRETARY OF STATE 01/08/2004 05 = 0
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