	TIFICATE OF ASSUMED E (Please type or print legibly. See instru- the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Co- gives notice of adoption of an Assume	ictions on rev IDAHO de, the unde	rsigned 19 Alling to
1.	The assumed business name which the ubusiness is: ALERT Fire Protection	ndersigned.	OCCUBETADIO OF
2.	The true name(s) and business address(e business under the assumed business na Name	es) of the ent me is/are:	ity or individual(s) doing omplete Address
	Paul A. Wheeler	HCR 61	Box 204 Bonners Ferry, AD 83805
3.	The general type of business transacted to (mark only those that apply)	under the ass	sumed business name is:
	Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction		ransportation and Public Utilities inance, Insurance, and Real Estate lining
4.	The name and address to which future correspondence should be addressed:		
	Alert Fire Protection HCP 61 Box 209		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5 .	Name and address for this acknowledgme copy is (if other than # 4 above):	en t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		787	Secretary of State use only
Signati	ure:	Revision 2/97	0101048
Printed	Printed Name: Paul Wheeler		IDAHO SECRETARY OF STATE 96/19/2006 05:00 CK: 4875 CT: 281478 BH: 986695
Capac	(see instruction # 8 on back of form)	srpVorms\abn.pm9	1 @ 25.00 = 25.00 ASSUM NAME # 2