CERTIFICATE ASSUMED BUSINE Pursuant to Section 53-504, Idaho C submits for filing a certificate of Assu	ESS NAN	igned 400 JUN - 9 AN 9: 55
Please type or print legib NOTE: See instructions on reverse	shy	OCHACIARY CHE CTATE
 The assumed business name which th business is: 		
Profession. 2. The true name(s) and business addres business under the assumed business	s(es) of the c	
Name <u>Professional Escrow Service</u> <u>(C-100380</u>)		Complete Address 920 Deon Dr. Suite B Pocatello, Id. 83201
 Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Professional Escrow Service <u>920 Deon Dr. Suite B</u> Pocatello, Id. 83201 	ation and Pub ion e ate	
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment	Phone number (optional): 208-234-0550
ted Name: <u>Ron Bitton</u> acity/Title: <u>President/ Broker</u> (see instruction # 8 on back of form)	g:corptionmetatin formstatin p65 Revised 04/2003	IDANO SECRETARY OF STATE 1000 SECRETARY OF STATE 100 9/2003 05:0 CK: 8229 CT: 158018 BH: 6850 1 0 25.00 = 25.00 ASSUM NAME