SSUMED BUSINESS NAME pibly. See instructions on reverse.)						
STATE OF IDAHO D4, Idaho Code, the undersigned of an Assumed Business Name. the undersigned use(s) in the transaction of all the undersigned uses a little of the undersigned use of th						
u/tong	SERVI	us AHS 8	ΉĘ			
ress(es) of the entity or individual(s) doing ess name is/are:						
Complete Address 2173 W. Sonoma Dr. Meriolan, Id						
			_			
cted under the assumed business name is:						
acturing Transportation and Public Utilities Iture Finance, Insurance, and Real Estate uction Mining						
ure Phone number (optional):ed:						
		Submit Certificate of Assumed Business Name and \$20.00 fee to:				
edgment		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301				
		Secretary of State use only IDAHO SECRETARY OF STATE 61/64/2061 69:06 K: 5348 CT: 148377 DH: 378784 1 8 28.88 = 28.88 ASSUM NAME # 2				

CERTIFICATE OF ASSUMED BUSINESS NAME

	Tho (Please type or	print legibly. See	instructions on reverse.)
	To the SECRETARY OF	STATE, STATE	OF IDAHO
11.2	Pursuant to Secti	ion 53-504, Idaho (Code, the undersigned med Business Name.
	The assumed business nambusiness is:	ne which the under	signed use(s) in the trans
	Security	Consalting	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: Joe C. PACKER Complete Address

The general type of (mark only those that as	s transacted und	er the	assumed business name is:
Retail Trade	Manufacturing		Transportation and Public Utilities

Wholesale Trade Agriculture Finance, Insurance, and R Services Construction Mining 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed:

Joe C Packer 2173 W. SONOMA DR Merioinn. Id

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

D41617

3.

Printed Name:

Capacity:

(see instruction # 8 on back of form)