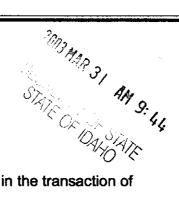


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



Emergen	cy Training Ins	titute
The true name(s) and business address business under the assumed business r Name Dustin T. Thurman Laurie S. Thurman	name:	Complete Address 6055 Government Way Suite #1 Coeur D' Alene, ID. 83814
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining	tion and Pub on	
Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Emergency Training Institute 6055 Government Way Suite #1 Coeur D' Alene, ID. 83814	ate 	Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledg copy is (if other than # 4 above); Dustin T. Thurman 	ment	Phone number (optional):
26115 E. Wellesley Newman Lake, Wa. 99025	_	Secretary of State use only
gnature:	groonpitormelabri formelabri .p65 Revised 09/2002	N64065
owner / Instructor (see instruction # 8 on back of form)	grooptom	IDAHO SECRETARY OF STATE ②3/31/2003 05:0 CK: 5941 CT: 158010 BH: 6710 1 8 20.00 = 20.00 ASSUM NAME