

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUMED BUSINESS Not Pursuant to Section 53-504, Idaho Code, the unsubmits for filing a certificate of Assumed Busines Please type or print legibly. NOTE: See instructions on reverse before file	ess Name.
1. The assumed business name which the unders business is: Laser Service	igned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name: Name	•
Laser Service, INC. 7	40 Parke Ave, Idahu Falls, ID 83402
3. The general type of business transacted under Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Advanced Business Systems 104 Shelly, Tdate 83274	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): Secretary of State use only
gnature: John W. Fillding inted Name: John W. Fillding	Soduces Sun Name #

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