

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

99 JAN -7 AM 8:45

1. The assumed business name which the undersigned use(s) in the transaction of business is:

IDAHO FIRE EXTINGUISHER COMPANY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>IRENE HERBST</u>	<u>743 2ND AVENUE EAST</u> TWIN FALLS
<u>KATTIE WONENBERG</u>	<u>2193 EAST 3845 NORTH FILER</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

IDAHO FIRE EXTINGUISHER CO.
743-2ND AVE EAST
TWIN FALLS IDAHO 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):
- _____
- _____

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

01/07/1999 09:00
CX: 3815 CT: 189239 IN: 176545

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 21837

Signature: Irene Herbst

Printed Name: IRENE HERBST

Capacity: Co-OWNER

(see instruction # 8 on back of form)

Revision 2/97

g:\corp\Norma\slabn.pms