

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 MAY -2 AM 8: 28

SECRETARY OF STATE
STATE OF ID/AHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the undersigned business is:  Fire / Rescue Safety	Products
2. The true name(s) and business address(es) of the elebusiness under the assumed business name:  Name  Sylvia E. Carcich  POBO	ntity or individual(s) doing  Complete Address  SII, Mddleton ID83644
3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Five/Rescue Safety Products  521 N. 10 <sup>16</sup> Ave, #211  Coldwell, FD 83605	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
	Secretary of State use only
Signature: Sylvia Carcial  Printed Name: Capacity/Title:	D 6 6300
Capacity/Title:	IDAHO SECRETARY OF STATE <b>95/92/2006 95:00</b> CK: 1425544496 CT: 158010 BH: 952496 1 @ 25.00 = 25.00 ASSUM NAME # 2