CERTIFICATE OF ASSUMED BUSINESS NAME

97 JUN -9 AM 9: 04 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504 Idaho Code the undersine satisfies 4.85. STATE

ad	loption of an Assumed Business Name.	STATE OF TUANO
1.	The assumed business name which the u business is:	ndersigned use(s) in the transaction of
	WILSON TECHNICAL	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:	
	Mame GARY C. WILSON	Address 489 S. ADAM LANE
		IDAHO FALLS ID 83401
3.	The general type of business transacted under the assumed business name is: SERVICES	
	See categories on the reverse	
4.	The name and address to which correspondence should be addressed: GARY C. WILSON 489 S. ADAM LANE, IDAHO FALLS ID 83401	
ŀ	Signed Sary C- Wilson	
	Ву	
	Capacity RUSINESS OWNER	
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer#
5 7 F	Secretary of State 700 West Jefferson PO Box 83720	Secretary of State use only IDAHO SECRETARY OF STATE

CK #: 1168 CUST# 82633 ASSEM NAME 19 20.00= 20.00

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