



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

2003 FEB -6 AM 9:26

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

FIRST RESPONSE FIRE RESCUE

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

Name

Complete Address

LAURA LYN HORN

2309 N. STAGECOACH DR
POST FALLS, ID
83854

3. The general type of business transacted under the assumed business name is:

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

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

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

LAURA HORN
2309 N STAGECOACH DR
POST FALLS, ID 83854

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

SAME

Phone number (optional):

(208) 773-5062

Secretary of State use only

Signature: _____

(Signature required)

Printed Name: _____

LAURA L. HORN

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

g:\corporate\forms\abn.p65
Revised 09/2002

IDAHO SECRETARY OF STATE
02/06/2003 05:00
CK: 2582 CT: 158818 BH: 661375
1 @ 20.00 = 20.00 ASSUM NAME # 2

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