

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

SECRETARY OF STATE
STATE OF IDAHO
9 13 AM '97

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

Shadow's Mobile Service

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

David Seaman Name P.O. Box 595 Filer, Id 83328 Address

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:

Shadow's Mobile Service

P.O. Box 595 Filer, Id 83328

Signed David Seaman

By _____

Capacity Sole proprietor

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 04/11/1997
0900 81988 2
CX #: 2235 CUST# 79700
ASSUM NAME 10 20.00= 20.00

Revision 10/96
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