



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

05 OCT -6 PM 2: 06

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:

Idaho Contract Services

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

<u>Name</u>	<u>Complete Address</u>
<u>Douglas C. Segali</u>	<u>11955 W. Driftwood Ct. 83713</u>
<u>Ken L. Solts</u>	<u>7701 Bobran Ct. 83709</u>

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 **\$25.00** 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:

Idaho Contract Services
P.O. Box 190771
Boise, ID 83719-0771

Phone number (optional):

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

SAME

Secretary of State use only

Signature: Douglas C. Segali
(signature required)

Printed Name: Douglas C. Segali

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
10/06/2005 05:00
CK: CASH CT: 139493 BH: 915707
1 @ 25.00 = 25.00 ASSUM NAME # 3

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