

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2005 AUG 31 AM 9:13

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

SMITH BIOLOGICAL SERVICES

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
<u>Jo ANNE SMITH</u>	<u>2730 NE 25TH AVE., PAYETTE, ID 83661</u>
<u>BYRON SMITH</u>	<u>same</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 type="checkbox"/> Services | <input checked="" 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:

Jo ANNE SMITH
2730 NE 25th Ave.
PAYETTE, ID 83661

Phone number (optional):

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

Signature: Jo Anne Smith
(signature required)

Printed Name: Jo ANNE SMITH

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn_forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
08/31/2005 05:00
CK: 6103 CT: 191068 BH: 909192
1 @ 25.00 = 25.00 ASSUM NAME # 2

D91216