



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

11 JUN -9 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

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

Varsity Facility 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

Varsity Contractors, Inc.

315 South Fifth Avenue Pocatello, Idaho 83201

C 41123

P.O. Box 1692 Pocatello, Idaho 83201

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Varsity Contractors, Inc. d/b/a Varsity Facility
Services, 315 S. Fifth Avenue, P.O. Box 1692
Pocatello, Idaho 83201

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

Signature: _____

Printed Name: Eric Luke

Capacity/Title: Chief Executive Officer

Signature:

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/09/2011 05:00
CK: 317388 CT: 79886 BH: 1277678
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 148205