

FILED/EFFECTIVE



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.

NOTE: See instructions on reverse before filing.

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

P.M. Sanitorial

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>Robert T. Morris</u> | <u>612 - West Ave C, Jerome, ID 83338</u> |
| <u>Betty J. Parry</u> | <u>612 - West Ave C, Jerome, ID 83338</u> |
| <u>Delma M. Parker</u> | <u>612 - West Ave C, Jerome, ID 83338</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 **\$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:

Delma M. Parker
612 West Ave C
Jerome, ID 83338

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

Phone number (optional):

208-644-6460

Signature: Betty J. Parry

Printed Name: Betty J. Parry

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
03/27/2002 05:00
CK: 1428 CT: 158833 BH: 454891
1 @ 20.00 = 20.00 ASSUM NAME # 2

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