



(see instruction #8 on back of form)

## **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 business is:  Saf-T-Watch	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name:  Name  John & Arlene Schnuerle  Lea	Complete Address
3. The general type of business transacted under the a  Retail Trade Transportation and Pul  Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Saf-T-Watch  P.O. Box 1/8/  Lewiston, Toksho 8550/	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 308-146-8085
Lewiston, John 83501	Secretary of State use only
Printed Name: <u>Arlene L. Schnuer</u> le	
Capacity: <u>() wher - Manager</u>	731110 annua

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11/05/2001 05:00
CK: 92 CT: 153200 BH: 427994
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