



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/E FIVE

2002 JUN 20 AM 8:45

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:

BUD'S BACKFLOW TESTING AND REPAIR

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

Name

SHARON M. EVEREST

ELMER C. (BUD) EVEREST

Complete Address

16740 N. SUSSEX LN, NAMPA ID. 83687

16740 N. SUSSEX LN, NAMPA ID. 83687

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 | |

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

BUD'S BACKFLOW TESTING AND REPAIR

16740 N. SUSSEX LN

NAMPA, ID. 83687

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

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

Phone number (optional):

208-850-7775

Secretary of State use only

Signature: Sharon M. Everest

(signature required)

Printed Name: SHARON M. EVEREST

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 01/2001

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IDAHO SECRETARY OF STATE
06/20/2002 05:00
CK: 18235 CT: 158818 BH: 472877
1 @ 20.00 = 20.00 ASSUM NAME # 2