CERTIFICATE OF

CERTIFICATE O	F
ASSUMED BUSINES	S NAME , the undersigned Business Name. 2003 AUG 14 AM 8: 57
Pursuant to Section 53-504 Idaho Code	, the undersigned
Submits for filling a certificate of Assumed	Business Name. STATE OF DALLATE
Please type or print legibly. NOTE: See instructions on reverse by	OF DALLATE
NOTE: See instructions on reverse before filing.	
The assumed business name which the u business is:	ndersigned use(s) in the transaction of
M.E. S.	
The true name(s) and business address(e business under the assumed business name	s) of the entity or individual(s) doing
Name	me:
	Complete Address
Michel Emergency Services IN	c. 3204 Wisconsin ave 30
<u>C1454.10</u>	- Caldwell, ID 8360 of o
3. The general type of business transacted u	nder the assumed business
	n and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
M.E.S.I.	Basement West
3204 Wisconsin ave	PO Box 83720 Boise ID 83720-0080
	208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	nt Phone number (optional):
	208-250-7054
	Secretary of State use only
Simul I MI I D	() () () () () () () () () ()
Signature: Jany Mieho (signature required)	1 X6992
Printed Name: Larry Michel	Sacrophorms and Identification of State Cartes
Capacity/Title: Prezident	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	08/21/2003 05:00 CK: 1956 CT: 158919 RH: 697682
(Om Dack Of form)	CK: 1956 CT: 158010 BH: 697602 1 0 25.00 = 25.00 ASSUM NAME # 2