



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

08 OCT 23 PM 12: 09

Please type or print legibly.

SECRETARY OF STATE
STATE OF IDAHO

NOTE: See instructions on reverse before filing.

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

Affordable Drug & Paternity Testing

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>Fred L. Simmons</u>	<u>159 N 3rd E</u>
<u></u>	<u>Mtn Home, ID 83647</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080
(208) 334-2301

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

159 N 3rd E
Mtn Home, ID 83647

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

Same

Signature: [Signature]
(signature required)

Printed Name: Fred Simmons

Capacity/Title: Owner / Manager
(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\format\form\statebn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
10/23/2008 05:00
CK: CASH CT: 158010 BH: 1141445
1 @ 25.00 = 25.00 ASSUM NAME # 2

D125786