

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRET
9 01 AM '97
STATE
I gives notice of
- 100 -

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

Mountain States Wood Care

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

| <u>Name</u> | <u>Address</u> |
|-----------------|----------------------|
| JUSTIN C. FAGAN | 5503 CASSIN BOISE OS |

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

SERVICE
See categories on the reverse

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

MOUNTAIN STATES BLOOD CARE
SS03 CASSIA BOWE Id 83705

Signed _____

By _____

Capacity _____

Submit Certificate of Assumed Business Name and \$20.00 fee to:

**Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080**

Customer #

Secretary of State use only

IDAND SECRETARY OF STATE

DATE 03/06/1997

0900 70229 2

CK #: 2780 DIST#: 77690

| | | | |
|------------|----|--------|-------|
| ASSUM NIVE | 10 | 20.00= | 20.00 |
|------------|----|--------|-------|

#3 D