



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See Instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO **FILED/AFFECTIVE**  
 Pursuant to Section 53-504, Idaho Code, the undersigned  
 gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the ~~transaction of~~ <sup>STATE OF IDAHO</sup> business is:

Idaho - Oregon Mobile Drug Testing

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

Name

Complete Address

Sherri Riggs

4375 Hwy 30 South

New Plymouth, ID

83655

3. The general type of business transacted under the assumed business name is:  
 (mark only those that apply)

Retail Trade

Wholesale Trade

Services

Manufacturing

Agriculture

Construction

Transportation and Public Utilities

Finance, Insurance, and Real Estate

Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

Sherri Riggs

4375 Hwy 30 South

New Plymouth, ID 83655

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/17/2000 09:00  
 CK: 6407 CT: 125019 BH: 361686

10 20.00 = 20.00 ASSUM NAME # 2

Signature:

Sherri Riggs

Printed Name: Sherri Riggs

Capacity: Owner

(see instruction # 8 on back of form)

Revision 12/98

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