## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reversely).

|    | (Please type or print legibly. Se  | e instruction  | undersigned 23  |
|----|--|----------------|---|
|    | To the SECRETARY OF STATE, STATE   | E OF IDAHO     | AM 10: 22   |
|    | To the SECRETARY OF STATE, STATE  Pursuant to Section 53-504, Idah  gives notice of adoption of an Ass   | o Code, the    | undersigned TATE OF STA   |
| 4  |  |                | ***************************************                           |
| ١. | The assumed business name which the undersigned use(s) in the transaction of business is:                |                |   |
|    | Account Verification Services  |                | 7   |
|    |  |                |   |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing                           |                |   |
|    | business under the assumed business name   |                |   |
|    | ······································   |                | nplete Address<br>eton Plaza                                      |
|    |  |                | 7   |
|    | And Industrial   | Idaho          | Falls, Idaho 83404  |
|    | Development Corporation  |                |   |
| 3  | C 130 5 36 The general type of business transacted und   | der the assu   | med husiness name is:   |
| J. | (mark only those that apply)   | uei the assu   | med business name is.   |
|    |  | <u> </u>       |   |
|    | <ul><li>☐ Retail Trade</li><li>☐ Manufacturing</li><li>☐ Wholesale Trade</li><li>☐ Agriculture</li></ul> | Term           | nsportation and Public Utilities ance, Insurance, and Real Estate |
|    | X Services Construction  | Mir            |   |
|    |  |                | -   |
| 4. |  | none number    | (optional):   |
|    | correspondence should be addressed:  Dan G. Simkins  |                | • •   |
|    | Dan G. Simkins   |                | Submit Certificate of   |
|    | 2267 Tetom Plaza   |                | Assumed Business Name and <b>\$20.00</b> fee to:                  |
|    | Idaho Falls, Idaho 83404   |                | •   |
|    |  |                | Secretary of State 700 West Jefferson                             |
| 5. | Name and address for this acknowledgment   | !              | Basement West   |
|    | COPy is (if other than #4 above).  |                | PO Box 83720  |
|    | Thel W. Casper, Esq. Holden, Kidwell, Hahn & Crapo, P.L.L.   | С.             | Boise ID 83720-0080<br>208 334-2301                               |
|    | Post Office Box 50130  |                |   |
|    | Idaho Falls, Idaho 83405   | 664            | Secretary of State use only                                       |
|    |  | Revision 12/99 | 19AHO SECRETARY OF STATE  |
|    | m (h) 4  | Revi           | STATE OF STATE  |

Signature: /////////

Capacity: President/CEO

(see instruction # 8 on back of form)

04/63/2000 09:00 CK: 1260 CT: 123720 JH: 305325

1 8 28.88 = 28.88 ASSUM NAME # 2

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