

Capacity/Title:____

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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



Please type or print legibly. NOTE: See instructions on reverse before filing.

Safety And Flag	Safety And Flagging Elite (S.A.F.E.)	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address		
Michael G. Wamego	Complete Address 410 Diamond Ave Twin Falls, ID 83301	
The general type of business transacted up	nder the assumed business name is:	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business	
The name and address to which future correspondence should be addressed Michael G. Wamego	Secretary of State 700 West Jefferson Basement West PO Box 83720	
410 Diamond Ave	Boise ID 83720-0080 208 334-2301	
Twin Falls, ID 83301-7711 5. Name and address for this acknowledgment of the second s		
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	Secretary of State use only	
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