

## **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. 11 OCT -5 AM 8:49

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

Person	nalSecurityGear.com
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u>	name: <u>Complete Address</u>
David A. Wells	614 E. Trail Creek Dr., Nampa, Id 83686
	ed under the assumed business name is: tation and Public Utilities
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: David A. Wells	450 North 4th Street PO Box 83720
614 E. Trail Creek Dr., Nampa, Id 83686	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledge copy is (if other than # 4 above).	gment
ature: Dain A. Wells	Secretary of State use only
· · · · · · · · · · · · · · · · · · ·	<del></del>
ed Name: <u>David A. Wells</u> acity/Title: <u>Owner</u>	
ature:	
ted Name:	IDAHO SECRETARY OF STATE
pacity/Title:	10/05/2011 05:0 CK: 1405 CT: 243783 BH: 1293

25.48 ASSUM NAME # 2