

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO 97 NOV 24 PM 2:37  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name  
SECRETARY OF STATE  
STATE OF IDAHO

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

TPM WATER SYSTEMS

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

PAUL E. OR CATHERINE M. SHAFER

1223 BURRELL AVENUE, LEWISTON, IDAHO 83501-5509

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services     | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Phone number (optional): 208-746-0500

SAME AS # 2

PAUL E. OR CATHERINE M. SHAFER  
1223 BURRELL AVENUE  
LEWISTON, IDAHO 83501-5509

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

Signature: Catherine M. Shafer

Printed Name: CATHERINE M. SHAFER

Capacity: OWNER

(see instruction # 8 on back of form)

SECRETARY OF STATE

11/24/1997 09:00  
CX: 11421 CT: 90265 BH: 5883

1 @ 20.00 = 20.00 ASSUM NAME

D 9959

Revision 2/87

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