

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FLIFED 20 PHI2: 49

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

owner

(see instruction # 8 on back of form)

Capacity/Title:

Idaho Discreet Investigations	
The true name(s) and business address(es	e:
Name	Complete Address
DeOr H. Bishop	122 N. Latah, Suite D
	Boise, Idaho
	83705
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 814 Mckinley	Secretary of State 700 West Jefferson Basement West PO Box 83720
Boise, Idaho	Boise ID 83720-0080
83712	208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional):

IDAHO SECRETARY OF STATE @2/20/2003 @5:00 CK: CASH CT: 158810 BH: 664866 1 8 20.00 = 20.00 ASSUM MAME # 2

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