CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) ED To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Leave of STATE

₹6	Pursuant to Section 53-504, Idaho gives notice of adoption of an Assu	Code, the undersigned
1.	The assumed business name which the under	
	business is:	
	PRO- Tech Service	C
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 Wilson Bates Appliance Stores,	
		702 Mars Cive N
		Twin Falls, ID 83341
3.	The general type of business transacted und (mark only those that apply)	er the assumed business name is:
	Retail Trade	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
4.	The name and address to which future Phecorrespondence should be addressed:	one number (optional): 308-733-6146
	Same	Submit Certificate of Assumed Business Name and \$20.00 fee to:
		Name and \$20.00 recto.
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only IDANO SECRETARY OF STATE
		84/23/1998 69:66 0x: 36593 Cf: 97692 BH: 183656
igna	ture: W. S. white	2 1 0 26.98 = 26.00 ASSUM MAME
	d Name: W.R.WHITE	# 14311
apa	(see instruction # 8 on back of form)	I I I