

Capacity/Title: Owner

(see instruction # 8 on back of form)

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.

06 APR -4 PM 2: 13

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
Associated Services	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name:	
Name	Complete Address
JACK D. ChiFTON 11	471 W. 3 51,
	14r Ldaho
	83669
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
11471 W. 30d. 59. 5140 pd. 83669	PO Box 83720 Boise ID 83720-0080
5141 pd. 83669	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than #4 above):	
	AA-
	Secretary of State use only
	-0.000/
	174 8334
Signature: Wash We Clifton 18 8	IDAHO SECRETARY OF STATE
(signature required)	04/04/2006 05:00 CK: CASH CT: 158010 BH: 947308
Printed Name: JACK D. CAIFYON	1 9 25.00 = 25.00 ASSUM NAME # 2