

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 APR 15 AM 9:13

CLERK OF THE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

PRO-TEK SERVICES

~~PRO-TECH SERVICES~~

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

MICHAEL T. FORD

P.O. BOX 984, HAYDEN, ID 83835

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

MICHAEL T. FORD, P.O. BOX 984

HAYDEN, ID 83835

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-683-0384

Secretary of State use only

Signature: Michael T. Ford

(signature required)

Printed Name: MICHAEL T. FORD

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\slabn\forms\slabn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/15/2005 05:00  
CK: 1037 CT: 158010 BH: 804890  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 86793