

CERTIFICATE OF ASSUMED BUSINESS NAME

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 Name.

98 MAY -6 AM 8:54
SECRETARY OF STATE
STATE OF IDAHO

FILED

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

Magic Valley Mobile Drug Testing

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	Address
<u>Betty M. Wilkerson</u>	<u>P.O. Box 963 Burley ID 83318</u>
_____	_____
_____	_____

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

On-site Drug/Alcohol Testing

See categories on the reverse

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

Betty M. Wilkerson

P.O. Box 963 Burley ID 83318

Signed Betty M. Wilkerson

By Betty M. Wilkerson

Capacity owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

05/06/1998 09:00

CR: 2188 CT: 98268 BR: 187958

1 @ 20.00 = 20.00 ASSUM NAME

#14643