

Capacity/Title:

(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.

Please type or print legibly.

A 324-6 PH 1:51

NOTE: See instructions on reverse before filing	STATE OF TOAHO
 The assumed business name which the undersign business is: 	ed use(s) in the transaction of
Simple Safety	
 The true name(s) and <u>business</u> address(es) of the business under the assumed business name: 	entity or individual(s) doing
Name	Complete Address
Simple Safety 159	Anderson Creek Rd
Marsha McKinney Ga	irden Valley, ID 83622
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction	ublic Utilities
Services	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
159 Simple Safety	PO Box 83720
159 Anderson Creek Rd	Boise ID 83720-0080
Garden Valley, 108362	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	(208)442-5204
	Secretary of State use only
gnature: Dalsa Dakine required) inted Name: Marsha McKinney	IDANO SECRETARY OF STATE
inted Name: Marsha McKinner	01/07/2003 05:00 CK: 6669 CT: 158610 BH: 655166 1 8 28.88 = 28.88 05CIM MANUE A

CK: 6669 CT: 158810 BH: 655106 1 8 28.88 = 28.88 ASSUM NAME # 2

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