

CERTIFICATE OF ASSUMED BUSINESS NAME



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

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: Hobson Elevator, Inc 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Schindler Elevator Corporation 20 Whippany C60571 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and **\$20.00** fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** Desmond O'Brien PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): 973 397 6033 Secretary of State use only

Signature:

Printed Name: Desmond

Capacity/Title: ASSISTANT

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 10/2002 05:00 58153 CT: 4567 BH: 575377 68 = 20.08 ASSUM WAME # 2