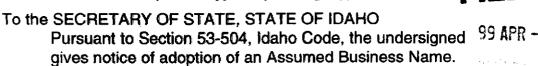
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)





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

ETC Endicott Training ! Consulting

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

Mark D. Endicott	16076 W. Logan	
Joan M. Endicott	Caldwell, ID	83605
The general type of business transacted u	ınder the assumed business nam	ne is:

- 3. (mark only those that apply)
 - Transportation and Public Utilities **Retail Trade** Manufacturing Agriculture Finance, Insurance, and Real Estate Wholesale Trade Construction Mining Services
- 4. The name and address to which future correspondence should be addressed:

Name

Endicott Training ! Consulting 16076 W. Logan Caldwell, ID

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

(Same)

Assumed Business Name and \$20.00 fee to:

Submit Certificate of

Complete Address

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

Mark D. Endicott

Signature Joan M. Endicott

Printed Name: Joan M. Endicott

Capacity: President

(see instruction # 8 on back of form)

Secretary of State use only IDAHO SECRETARY OF STATE

04/01/1999 09:00 CK: 11183 CT: 113431 BH: 282973

1 8 20.00 = 20.00 ASSUM HAME # 2

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