(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS HAMEA (Please type or print legibly)	
(Please type or print legibly) 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.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: Security Plus	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Complete Address
Peggy W Elliot	2029 Ripon Dr Lewiston, ID
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
4. The name and address to which future correspondence should be addressed: 2029 Ripm DC. Lewis ton III	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE
Signature: Paray W Ellist	12/16/1998 @9:200 CK: 3217 CT: 188231 BH: 178757
Printed Name: Peggy W Elliot	
Capacity: QUIER	D91018