

Printed Name: FORREST SCHUSTER

(see instruction #8 on back of form)

Capacity: OWNER

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

d Dro 21

DEC 31 11 20 AM 1711

SEAL:

submits for filing a certificate of Assumed Business Name.

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: S.P.I. INVESTIGATIONS AND RECOVERY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address FORREST SCHUSTER 501 N. ORCHARD AVE. DEBBIE SCHUSTER BOISE, IDAHO 83706 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 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 S.P.I. INVESTIGATIONS AND RECOVERY **Basement West** 501 N. ORCHARD AVE. PO Box 83720 Boise ID 83720-0080 BOISE IDAHO 83706 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): 208-331-2577 Secretary of State use only Signature:

1 0 20.00 = 20.00 ASSUM NAM

1DAHO SECRETARY OF STATE 12/31/2001 05:00 CK: 9477 CT: 134546 BH: 437211