	CERTIFICATE OF ASSUM (Please type or print legibly. Set To the SECRETARY OF STATE, STATE Pursuant to Section 53 504 Ident	IED BUS se instruction E OF IDAHO	15 on reverse. App	
1. The assumed business name which the undersigned use(s) in the transaction of the business is:				
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	PAUL DAVIS Systems of Idaho, Inc.	1022	o FALLS, Idaho	
	C 100707		8340)	
	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 Phone number correspondence should be addressed: JACK K. MEJKLE, President LOZZ Lincoln Road Idaho Falls, Idaho Name and address for this acknowledgment copy is (fromer than #4 above): Same as #4		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.			Secretary of State, 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
Signatu	ure: Jahn Weine	Aguston 1488	Secretary of State use only 100H0 SECRETARY OF STATE 04/17/2000 09:00 CK: 912 CI: 104105 BH: 127564 126.86 = 26.86 RSSIN NAME # 2	
Printed Name: JACK K. MEIKLE &				
Capacity: PRESIDENT D 35023 (see instruction # 8 on back of form)				