		SSUMED BUSINES NAME
	CERTIFICATE OF A	
	e SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida tion of an Assumed Business Nam	no code, the undersigned gives policit of
	he assumed business name which usiness is:	n the undersigned use(s) in the transaction of
L	Jorthwest Process S	service and Investigations
	he true name(s) and business add usiness under the assumed busin	Jress(es) of the entity or individual(s) doing ess name is/are:
<u> </u>	Name	Address
F	GeAnn MAUity	2040 Quail Run BIVA.
	·	Bost Falls, Tdaho 83854
3. T	he general type of business trans	acted under the assumed business name is:
<	Saultas	
	See calegories on the reverse	
		prrespondence should be addressed:
1	Kaelfnn MAuity) Post Falls, Idaho 83854
ನ	640 Dowl Run AIVI) Post Falls, Idaho 83854
	C	igned Ra ann Mavity
	B	
	C	apacity owner loperator
-	Submit Certificate of Assumed Business Name and \$20.00 fee to	Customer #
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	Secretary of State 700 West Jefferson	6 03/12/1998 09:00 (K: 1595 CT: 95593 14: 90109
7		ALLE PRIME ALL PARTY ALLE PRIME
F	PO Box 83720	AL 1 8 28.00 = 20.00 ASSUM WANE
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