

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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

FILED EFFECTIVE
2003 APR -7 PM 2: 25

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

C.S.S. systems / CLARK surveillance, security

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

Name	Complete Address
<u>PHILIP CLARK</u>	<u>211 HARBOR PARK CT</u>
	<u>Post Falls, ID, 83854</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

C.S.S. Systems
211 Harbor Park Ct.
Post Falls, ID, 83854

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

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

Signature: Philip Clark
Printed Name: PHILIP CLARK
Capacity: OWNER / sole proprietor
(see instruction # 8 on back of form)

Secretary of State use only

064287

IDAHO SECRETARY OF STATE
04/08/2003 05:00
CK: 2991 CT: 150010 BH: 673486
1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 2/87

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