CERTIFICATE OF ASSUMED BUSINESS NAME (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 business is: SERVICE MASTER OF GREATER SANDPOINT 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 NORTHWINDS GROUP, INC. SAND POINT POST OFFICE SANDPOINT, IDAHO 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future correspondence should be addressed: Submit Certificate of NORTHWINDS GROUP, INC. Assumed Business Name and \$20.00 fee to: P.O. Box 273 Secretary of State SANDPOINT, ID. 83864 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE Signature: Vanja S. Granson 12/05/1997 09:00 CK: 4333 CT: 96710 BH: 61856 1 @ 20.00 = 20.00 ASSUM NAME Printed Name: VANTA L. ARONSON Capacity: 7 10257 (see instruction # 8 on back of form)