CERTIFICATE OF

Signature: William J. Willis

(signature required)

Printed Name: WILLIAM L. WILLIS

(see instruction # 8 on back of form)

Capacity/Title: Ow~ER

	CERTIFICATE OF		וד
	ASSUMED BUSINESS I Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus	undersigned A	FILED
	Please type or print legibly. NOTE: See instructions on reverse before The assumed business name which the unde		EFFE(
1. I	The assumed business name which the under business is: WLW RESEARCH SERVICES	rsigned use(s) in the transaction of	EFFECTIVE
	The true name(s) and business address(es) obusiness under the assumed business name: Name	, , _	
	WILLIAM L. WILLIS	2549 N. BLACK BEAR WAY MERIDIAN, ID 83642	
3.	The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture	er the assumed business name is: nd Public Utilities	
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
	The name and address to which future correspondence should be addressed: WILLIAM L. WILLLS	Secretary of State 700 West Jefferson Basement West PO Box 83720	
	MERIDIAN, ID 83642	Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):	
		Secretary of State use only	

IDAHO SECRETARY OF STATE

04/25/2005 05:00

CK: NO CK # CT: 158010 BH: 806432
1 0 25.00 = 25.00 ASSUM NAME # 2