CERTIFICATE OF ASSUMED BUSINESS NAMEL (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  SECRETARY OF STATE SECRETARY OF STATE	
1. The assumed business name which the undersigned bise(s) in the transaction of business is:	
Correctional Supervis	ion Services,
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>	
ROBERT MORRIS	2000 Panama, Base Idaha 83705
S. WADS DISHION	P.O. Box 450 Kuna, Idaho 83634
Lynn Gardner 2687 N. Old Stone Way Meidian, 8364)	
The general type of business transacted under the assumed business name is:     (mark only those that apply)	
Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
The name and address to which future Phone number (optional):  correspondence should be addressed:	
	Submit Certificate of Assumed Business
	Name and \$20.00 fee to:
Name and address for this acknowledge	Secretary of State 700 West Jefferson nent Basement West
copy is (if other than #4 above):  Robert Morris	PO Box 83720 Boise ID 83720-0080
2000 Panama	208 334-2301 Secretary of State use only
Boise Id 83705	IDAHO SECRETARY OF STATE    Secretary of State Use only
Signature:	CK: 6179 CT: 94314 BH: 82467 1 8 28.88 = 28.88 ASSUM NAME
Printed Name: Robert Morris	
Capacity: Director of Operations (see instruction # 8 on back of form)	12199 D12199