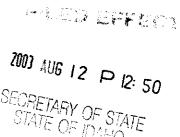


(see instruction #8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



	OF ID THO
1. The assumed business name which the under	signed use(s) in the transaction of
business is:	
Hummer Security	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name:	
<u>Name</u>	Complete Address
Patrick Hummer 1	001 Addison Ave. W. TwinFalls ID 83301
	Ol Andison Ave. W. TwinFalls, ID. 83301
	, , , , , , , , , , , , , , , , , , , ,
	with a accumed business name is:
<ol><li>The general type of business transacted under the assumed business name is:</li></ol>	
Retail Trade Transportation a	nd Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Manage Sangaita	Basement West PO Box 83720
Hummer Serveity	Boise ID 83720-0080
WILL ANGLISON AVE. UY.	208 334-2301
TWIN FALLS, IN. 83301	-
<ol><li>Name and address for this acknowledgment</li></ol>	Phone number (optional):
copy is (if other than # 4 above):	
PAt Christina Hummer	
(60) Addison Ave. W.	Secretary of State use only
Twin Falls, ID. 83301	18 C - 2/8 (
Simply Po 74 Od 24	1087804
Signature: Patrick Human	IDAHO SECRETARY OF STATE 98/12/2003 05:00
Printed Name: PATRICK HUMMER	IDAHO SECRETARY OF STATE  OB/12/2003 05:00  CK: 111 CT: 158010 BH: 695982  1 8 25.00 = 25.00 ASSUM HAME # 2
Capacity/Title: <u>OWN</u>	Date of the second seco
	56