



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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.

SEP 23 2 32 PM '98

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

No Limit Tool Supply

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>Thomas Semanick</u> | <u>9340 Halstead</u> |
| | <u>Boise ID 83704</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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input 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): 884-7742

No Limit Tool Supply
2300 S. Orchard
83705 Boise Id

5. Name and address for this acknowledgment copy is (if other than # 4 above): (No Limit)

9340 Halstead
Boise Id 83704

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

Signature: Thomas Semanick

Printed Name: Thomas Semanick

Capacity: Independent sales/purser
(see instruction # 8 on back of form)

Revision 1/98

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Secretary of State use only

IDAHO SECRETARY OF STATE

09/23/1998 09:00
CK: CASH CT: 104488 BH: 147705

1 @ 20.00 = 20.00 ASSUM NAME # 2

#D18469