

# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

RECEIVED  
STATE OF IDAHO  
MAR 11 1997

1. The true name(s) and business address(es) of the entity or individual(s) filing this notice is/are:

Name

Address

Kim A THOMPSON 1207 7TH AVE EAST  
TWIN FALLS, ID 83301

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

THOMPSON APPLIANCE SERVICE

3. The general type of business transacted under the assumed business name is:

APPLIANCE REPAIR SERVICE

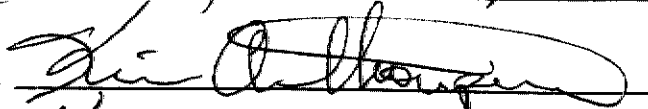
See categories on the reverse

4. The name and address to which correspondence should be addressed:

~~THOMPSON~~ THOMPSON APPLIANCE SERVICE  
1207 7TH AVE EAST, TWIN FALLS, ID 83301

Signed

By

  
Kim A. THOMPSON

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
Corporations Division  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer # 7

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 03/11/1997

0900 71949 2

CK #: 2211 CUST# 78011

ASSUM NAME 10 20.00= 20.00

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