

CERTIFICATE OF ASSUMED BUSINESS NAME

(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.

JAN 12 12 32 PM '98

SECRETARY OF STATE

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

Integrated Data Systems

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Calvin K. Hurt 10020 Lancelot; Boise, ID 83704

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 type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Calvin K. Hurt
10020 Lancelot
Boise, ID 83704

Phone number (optional): _____

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Calvin K. Hurt

Printed Name: Calvin K. Hurt

Capacity: Owner

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/12/1998 09:00
CK: 7118 CT: 92448 BH: 71891

1 @ 20.00 = 20.00 ASSUM NAME

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