



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2005 MAR -3 AM 9:11

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Martin Equip

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

John S Martin

Complete Address

48 West 450 North  
Blackfoot Ida 83321

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

Machinery Sales

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

48 W 450 N Blackfoot  
Idaho 83321

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

7852233 - 6806607

Secretary of State use only

Signature:

John S Martin  
(signature required)

Printed Name:

John S Martin

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
03/03/2005 05:00  
CK: 2688 CT: 158010 BH: 796391  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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