



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.

FILED/EFFECTIVE

2003 MAR -7 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

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

Advanced System Repair

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

Name	Complete Address
<u>Michael L. Gochenour</u>	<u>10646 Benoit St.</u>
	<u>Hayden Lake, ID.</u>
	<u>83835</u>

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

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

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

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

Advanced System Repair
10646 Benoit St.
Hayden Lake, ID. 83835

Phone number (optional):

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

Signature: Michael L. Gochenour
(signature required)

Printed Name: Michael L. Gochenour

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn_forms\abn.p65 Revised 09/2002

IDAHO SECRETARY OF STATE
03/07/2003 05:00
CK: 4724 CT: 158810 BH: 667076
1 @ 20.00 = 20.00 ASSUM NAME # 2

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