



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 DEC -7 AM 9:21

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:

STORM MECHANICAL

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>Thomas E Norris</u>	<u>812 SUNRISE DR.</u>
<u>LISA ANN NORRIS</u>	<u>PINEHURST ID 83850</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 checked="" 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 | |

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

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

STORM MECHANICAL
812 SUNRISE DR
PINEHURST ID 83850

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

Phone number (optional):

Secretary of State use only

Signature: Thomas E Norris

(signature required)

Printed Name: Thomas E Norris

Capacity/Title: MANAGER

(see instruction # 8 on back of form)

g:\corp\forms\labn form\slabn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
12/07/2005 05:00
CK: 1289 CT: 158010 BH: 925532
1 @ 25.00 = 25.00 ASSUM NAME # 2

D94254