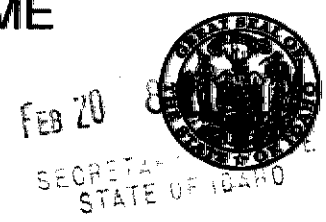


# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.



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

D C OFF-SITE SERVICES

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

<u>Name</u>	<u>Complete Address</u>
<u>DONETTA COMBS</u>	<u>3527 FEDERAL WAY #9 BOISE, ID</u>
	<u>83705</u>

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:

DONETTA COMBS  
3527 FEDERAL WAY #9  
BOISE, ID 83705

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: *Donetta Combs*

Printed Name: DONETTA COMBS

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE 02/20/1997  
0900 65760 2  
CK #: 4691 CUST# 76854  
ASSUM NAME 1@ 20.00= 20.00

# : D

Revision 2/97 g:\srpforms\stbn.pml6