

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:

ADVANCED Mechanical 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: ATT
OR
Y
E

Name

Complete Address

THOMAS M. SHIELDS

W. 951 Kidd Island Road.

Coeur d'Alene, ID. 83814

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

Retail Trade Manufacturing Transportation and Public Utilities
 Wholesale Trade Agriculture Finance, Insurance, and Real Estate
 Services Construction Mining

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

ADVANCED Mechanical Services
W. 951 Kidd Island Road
Coeur d'Alene, Idaho 83814

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: Thomas M. Smith

Printed Name: Thomas M. Shields

Capacity: Sole proprietor

(see instruction # 8 on back of form)

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12/15/1998 09:00
CX: 1153 CT: 100146 RT: 17029
10 20.00 = 20.00 ASSN NAME # 2

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