

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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.

01 JAN -5 AM 9:03

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

On Site Equipment Repair

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

Name	Complete Address
<u>John R Cummings</u>	<u>HCR 85 Box 255L B.F. ID 83805</u>
<u>Kip R Cummings</u>	<u>HCR 85 Box 255L B.F. ID 83805</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:

Phone number (optional): 208-267-5063  
208-755-7797

On Site Equipment Repair

HCR 85 Box 255L

Bonniers Ferry ID 83805

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

SECRETARY OF STATE only

01/05/2001 09:00  
CK: 2 CT: 148452 DH: 371004

1 @ 20.00 = 20.00 ASSUM NAME # 2

D41595

Signature: Kip Cummings

Printed Name: Kip Cummings

Capacity: partner

(see instruction # 8 on back of form)