



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.

03 MAR 31 PM 4:38
SECRETARY OF STATE
STATE OF IDAHO

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

TOM'S SERVICE

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

GARY T. SECOR

508 Hwy 21 or PO Box 518 Id City

NANCY A. HOIBERT

508 Hwy 21 or PO Box 518 Id City

83631 Id.

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

- | | |
|--|--|
| <input checked="" 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:

TOM'S SERVICE

PO Box 518

Id City Id. 83631

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

Phone number (optional):

Secretary of State use only

044038

Signature: GARY T. SECOR
(signature required)

Printed Name: GARY T. SECOR

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE
04/01/2003 05:00
CK: 244 CT: 158010 BH: 672019
1 @ 20.00 = 20.00 ASSUM NAME # 2