

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIV

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.

(see instruction # 8 on back of form)

STATE OF TOAHO

1. The assumed business name which the under business is: EA MLE ROCK	ersigned use(s) in the transaction of MASON RY
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Name	of the entity or individual(s) doing Ecomplete Address 842. N. Cornflown Par Runa John 83634
Retail Hade	ler the assumed business name is: and Public Utilities
 Wholesale Trade	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
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	208 334-2301 Phone number (optional): 922-39/0
	Secretary of State use only
Signature: Jan (John Folmes) Printed Name: Tom Folmes Capacity/Title: Cwner	### IDAHO SECRETARY OF STATE ###################################