Capacity/Title:_(

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

acush a miss

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

06 MAR -8 AM II: 41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	-
(Onstruction	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name:	Complete Address
Name Name	3023 Cribbers Ave. Bode ID 83713
David Cluff	JULI (1/000/15 MYE, MOSE IV 1/1/2)
3. The general type of business transacted under	er the assumed business name is:
Transportation and Public Litilities	
	Out with Contiferate of
	Submit Certificate of Assumed Business
Manufacturing Mining	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Convetent of State
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Same as above	PO Box 83720 Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowledgmen	t Phone number (optional):
COPY is (if other than #4 above):	(208) 703-3808
• •	(
	Secretary of State use only
	~00320
Signature: (Signature required)	IDAHO SECRETARY OF STATE
Printed Name: David Chin	IDAHO SECRETARY OF STATE ### # 25.00 = 25.00 ASSUM NAME # 2
THROUGHUNDI	[