



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 NOV -6 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

SANFORD CONSTRUCTION

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

JOSEPH SANFORD

P.O. BOX 138, HORSESHOE BEND ID 83629

PATRICK SANFORD

P.O. BOX 131, HORSESHOE BEND ID 83629

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

JOE SANFORD

P.O. BOX 131

HORSESHOE BEND, ID. 83629

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature:

Printed Name: JOSEPH SANFORD

Capacity/Title: PARTNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
11/06/2012 05:00
CK: 1963 CT: 275959 BH: 1346552
1 @ 25.00 = 25.00 ASSUM NAME # 2

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