



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

JUL 3 1 54 PM '01

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:

T Bone Construction

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

| <u>Name</u> | <u>Complete Address</u> |
|----------------------|-----------------------------|
| <u>Todd Lundbohm</u> | <u>3476 S. Bayporte Plc</u> |
| <u>Shawn Bjorner</u> | <u>u " "</u> |

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:

Todd Lundbohm
3476 S. Bayporte Plc
Boise ID 83706

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

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

Phone number (optional): _____

Signature: Todd Lundbohm

Printed Name: Todd Lundbohm

Capacity: owner

(see instruction # 8 on back of form)

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Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
07/03/2001 09:00
CX: 1006 CT: 148429 BH: 406224
1 @ 20.00 = 20.00 ASSUM NAME # 2

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