

Signature:

Printed Name:

Capacity/Title: OWNSIL

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

SEP 10 AMII: 01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRE - OF STATE STATE OF IDAHO

 The assumed business name which the undersigned business is: \[\int a \cov \cov \q	and Excavaling
3. The general type of business transacted under the a	Nampa, 10.8365/
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 119. 710 Avs S # 2 Nampa, 10 93651	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): (20일) 닉(국-역닉역이
98	Secretary of State use only

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IDANO SECRETARY OF STATE

9/10/2004 05:00

CK: 910115703228LD CT: 172099 BH: 765419
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