Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned AUG 18 A 8 54 submits for filing a certificate of Assumed 2

SLUNC JARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing

business under the assumed b	s address(es) of the entity or individual(s) doin susiness name: Complete Address	g
Keggy Barnay	PO Box 676 Pigla	1, IO 834
The general type of business to	ransacted under the assumed business name	is:
	ransportation and Public Utilities	
	Construction Agriculture Submit Configurate of	
	Submit Certificate of Assumed Business	
Finance, Insurance, and	Name and \$25 00 fee	to:
The name and address to which	th future Secretary of State	
correspondence should be add	ressed: 700 West Jefferson	
PO Box 676	Basement West PO Box 83720	
12 day TO 83447	Boise ID 83720-0080	
	208 334-2301	
. Name and address for this ac	knowledgment Phone number (optiona	I):
. Italiic and address for this ac	•	, o
COpy is (if other than # 4 above):	208 754-496	20

D79254

IDAHO SECRETARY OF STATE **08/18/2004 05:00**CK: 1883 CT: 158810 BH: 761535

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