

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.

2013 FEB -7 AM 8: 55

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

			NAIL	Jr IDAHO	
. The assumed business name which the	undersigne	d use(s) in	the trans	action of	
business is:					
MARSON CONT	RACTIN	6 -			
The American (a) and be described as					
 The true name(s) and <u>business</u> address business under the assumed business 		entity or ind	ividuai(s)	doing	
Name	nanc.	Complete Address			
GREC A. MARSON	1083	1083 FORSYTHIA ST.			
		FACE.		83854	
	<u> </u>	1.270-	7 1		
44444					
. The general type of business transacted	d under the a	assumed b	usiness n	name is:	
	ation and Pub	olic Utilities			
Wholesale Trade X Construct					
Services Agricultur	e	O. J. w.it	0-45-4		
Manufacturing Mining			Certificate ed Busine		
☐ Finance, Insurance, and Real Est	tate	Name and \$25.00 fee to:			
. The name and address to which future		Secretary of State 450 North 4th Street			
correspondence should be addressed:					
GREC A. MARSON	_	PO Box			
1083 FORSYTHIA ST.	_	Boise II 208 334	D 83720-0 4-2301	080	
POST FALLS, ID 83854	<u> </u>	200 007 2001			
. Name and address for this acknowledg	ment				
COPY IS (if other than # 4 above):					
					
- 1. 20 ma		Se	ecretary of S	tate use only	
nature: Maglie Mason					
nature: Nag Co Marson ted Name: GREG A. MARSON					
pacity/Title: OUNEK					
nature:			IDAHO S	ECRETARY OF STATE	
ited Name:		02/07/2013 05:00 CK: 204616988158 CT: 158919 DU: 1389			
** Part 1 1 1 1 1 1 1 1 1		1	e 25.00 =	25.00 ASSUM NAME #	

D160854

Capacity/Title: