

CERTIFICATE OF ASSUMED BUSINESS NAME

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

OB JAN 23 PM 1: 5 PM SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the und business is: MANFULL POOFING	dersigned use(s) in the transaction of	
The true name(s) and business address(es business under the assumed business nam		
BROWSON ENTERPRISES, INC	4450 OLD FREEZE OUT PO	:
C 165687	EMMSTT, IDAHO 83617	
The general type of business transacted un		
☐ Retail Trade ☐ Transportation ☐ Wholesale Trade ☒ Construction	n and Public Utilities	
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed:	idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
TRAVIS BRONSON 4450 OLD FREEZE OUT PO	(208) 334-2301	
EMNETT, ID 83617		
. Name and address for this acknowledgm copy is (if other than # 4 above).	nent	٠.
	Secretary of State use only	
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ature: Teans Bloos (signature required)	IDAHO SECRETARY OF STATE	
ed Name: TRAVIS BROWS2	-	7
acity/Title: PPESIDENT	CK: 2232 CT: 221815 BH: 109611	19
(see instruction # 8 on back of form)		
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