



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2005 NOV 14 AM 10:26

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

EMPIRE CONSTRUCTION OF TWIN FALLS

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

Name

Complete Address

TOM MUELLER

851 ELM ST. N TWIN FALLS ID. 83301

ROBERT HUBBARD

58 S. 350 W. JEROME ID 83308

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

EMPIRE CONSTRUCTION
851 ELM ST. N
TWIN FALLS, ID. 83301

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

D.L. EVANS BANK
P.O. Box 87
TWIN FALLS, ID 83303

Phone number (optional):

Secretary of State use only

Signature: [Signature]

Printed Name: TOM MUELLER

Capacity/Title: _____

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
11/15/2005 05:00
CK: 9057110 CT: 24085 BH: 922179
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 93589