S

Printed Name: Kennin

(see instruction # 8 on back of form)

Capacity/Title:



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

05 AUG 24 PM 3: 17

SECRETARY OF STATE STATE OF IDAHO

90970

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

<ol> <li>The assumed business name which the unde business is:</li> </ol>	rsigned use(s) in the transaction of
High Mountian	Framing
The true name(s) and <u>business</u> address(es) or business under the assumed business name:	
Name	Complete Address
Kenin Duane Akonchik	1420 Greensisaro 85706
Craig E. Alspach	Koise Id
3. The general type of business transacted under	er the assumed business name is:
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☑ Construction	nd Public Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
1420 Greenshard	PO Box 83720
Base 1d 83706	Boise ID 83720-0080 208 334-2301
KeninDAlsmach Jr	200 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	DOS1577-7165
Kesin O Absorb Ir	
1920 Overhalaro 83706	Secretary of State use only
Boseld	92 92
ignature: (signature required)	LDAHO SECRETARY OF STATE  LDAHO SECRETARY OF STATE  BB/24/2005 G5:00  CK: CASH CT: 158010 BH: 908039  1 0 25:00 = 25:00 ASSUM NAME # 2
rinted Name: Ken D Akpach J	SERVE   SERVETARY OF STATE   SERVETARY OF STATE