



# 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 JUL 18 10:33 AM

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

CMW Construction

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

<u>Name</u>	<u>Complete Address</u>
<u>Chad Whittemore</u>	<u>710 N. 21<sup>st</sup> ST. #12</u>
<u></u>	<u>Coeur d'Alene, ID 83814</u>
<u></u>	<u></u>

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:

Chad Whittemore  
P.O. Box 23  
Careywood ID 83809

Phone number (optional):

(208) 704-2617

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

Secretary of State use only

Signature: \_\_\_\_\_

(Signature Required)

Printed Name: Chad Whittemore

Capacity/Title: owner

(see instruction # 8 on back of form)

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IDAH0 SECRETARY OF STATE  
07/18/2005 05:00  
CK: 0059124740 CT: 150010 BH: 021660  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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