



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Secretary of State

Business Entities

www.idsos.state.id.us/

FILED EFFECTIVE

2005 JUL -6 PM 3:08

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

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

Agua Mobile Dock Works

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>Roger D. Jones</u>	<u>PO Box 15 - Plummer, ID 83851</u>
<u>Renee B. Jones</u>	<u>PO Box 15 - Plummer, ID 83851</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 | |

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

Renee B. Jones
PO Box 15
Plummer ID 83851

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

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

Phone number (optional):

Signature: _____

(signature required)

Printed Name: Renee B. JonesCapacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
06/06/2005 05:00
CK: 1940 CT: 150010 BH: 814236
1 @ 25.00 = 25.00 ASSUM NAME # 2

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