

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

NOTE: See instructions on reverse befor	Terring.
<ol> <li>The assumed business name which the und business is:</li> </ol>	lersigned use(s) in the transaction of9: 07
SIMPSON TRENCHIN	Q DAHOTE
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  TRACY SIMPSON  CALL SIMPSON JR	
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  SIMPSON TRENCHING  II29 INDIAN Valley PD.  INDIAN Valley ID 831.32	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):  3AME AS ABOUR	208-256-4571
Signature: May f. Simpson  (signature reduired)  Printed Name: TRACY F. Simpson  Capacity/Title: Co-Owner  (see instruction # 8 on back of form)	Secretary of State use only  IDAHO SECRETARY OF STATE  07/14/2004 05:00  CK: 255 CT: 158010 BH: 755387  1 8 25.00 ASSUM HAME # 2