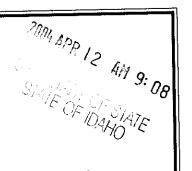


(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Place type or print legibly.



NOTE: See instructions on reverse before	ore filing.
The assumed business name which the undersigned use(s) in the transaction of business is:	
HEAD CONSTRUCTION AND L	DENELOPIKENT
2. The true name(s) and business address(es business under the assumed business name  Name  Rob Heab	s) of the entity or individual(s) doing me: Complete Address <u>Box 103 Bellevue Toans 83313</u>
3. The general type of business transacted u	
Retail Trade  Wholesale Trade  Services  Agriculture  Manufacturing  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Rob Head  Box 203  Bellevue Joano 83313	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
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above).</li> </ol>	ment Phone number (optional): <u>108 720 2188</u>
	Secretary of State use only
Signature: <u>Ade Heal</u> Printed Name: <u>Rok Hean</u> Capacity/Title: <u>owner</u>	Soozifo Desires   Soozifo De