

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.

(see instruction # 8 on back of form)

 The assumed business name which the undersigned business is: 	gned use(s) in the transaction of
Decroo Masonry	
2. The true name(s) and business address(es) of the business under the assumed business name: Name F. Dean De Croo Pot	ne entity or individual(s) doing Complete Address Sy 853, Frui Havd ID 836
3. The general type of business transacted under th	
☐ Retail Trade ☐ Transportation and F☐ Wholesale Trade ☐ Construction	Public Utilities
☐ Services☐ Agriculture☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
POBOX 853 Fruitland ID 83619	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
copy is (if other than # 4 above):	268-452-5279
	Secretary of State use only
gnature: F. DEAN DECTOD Solven Company of the Compa	
rinted Name: Signature required) apacity/Title: OWNEX	IDAHO SECRETARY OF STATE 11/04/2005 05:00

CK: 4682 CT: 158010 BH: 920535 1 0 25.00 = 25.00 ASSUM NAME # 2

D93309