CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 9 All IC: 09 1. The assumed business name which the undersigned use(s) in the transaction of business is: DOWN UNDER EXCAVATION 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address MYCHEL GOODMAN _ 3383 N 4550E MURTAUGH 1083344 TRACY GOODMAN 3383 N 4550 E MURTAUGH ID 83344 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 4. The name and address to which future Phone number (optional): 208-432-5379 correspondence should be addressed: DOWN UNDER EXCAVATION Submit Certificate of CLO MUCHEL GOODMAN Assumed Business Name and \$20.00 fee to: POBOX 143. MURTAVEH D 83344 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODV 18 (If other than #4 above): PO Box 83720 Boise ID 83720-0080

208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

ИВ/09/2006 09:00 CX: 1178 CT: 134548 ВН: 339955

1 @ 29.00 = 20.08 ASSUM NAME # 4

Signature Printed Name:

Capacity:

(see instruction # 8 on back of form)