

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.

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STATE OF STATE

STATE OF STATE

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

The true name(s) and business address business under the assumed business Name	name:
	Complete Address 1 40 W. Kingk Drive Lowman 10 836
	ition and Public Utilities
Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: B Rand H Construction 40 W. Riser Drive Lowman, 10 33637	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge copy is (if other than #4 above):	Phone number (optional): (208) 259-3896
	Secretary of State use only
nature: Hushton Eleckson (significant inequired) nted Name: Hushton E. Jackson	Revised Options Revised Options (A)
pacity/Title: Owner	TRAHA SECRETORY OF STATE

93/28/2993 95:99 CK: CASH CT: 158810 BH: 671569 1 9 20.00 = 20.00 ASSUM HAME # 2