

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
gives notice of adoption of an Assumed Business Name.

MAY 6 3 57 PM '97
SECRETARY OF STATE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

NORTHWEST BRICKLAYERS & CONCRETE FINISHERS
W. D. DOWNS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

MICHAEL MIELE 3477 S. SOMMERSET BOISE ID 83709

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

NORTHWEST BRICKLAYERS
3477 S. SOMMERSET BOISE
ID 83709

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [Signature]

Printed Name: MICHAEL MIELE

Capacity: Sole Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 05/07/1997
0900 90308 2
CX #: CUST# 81019
ASSUM NAME 10 20.00= 20.00

: D 4215