

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

FILED EFFECTIVE

12/20 5 21 5:09

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersign business is:	Mo William Services.
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name CALCAGNO INC (C146 780)	entity or individual(s) doing Complete Address BOX 1350 CTCHUM LD 83340
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction X Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: CALCAGNI INC PO POX 1350 KETCHUM ID 83340	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
Signature:	•
Signature: Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 94/95/2012 95:90 CK: 1254 CT: 268964 RH: 1318468 1 9 25.60 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010 D / 5 4 6 0 9