



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

2002 JUL 12 AM 9:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

DEPARTMENT OF STATE
STATE OF IDAHO

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

Zigler Contracting

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

<u>Name</u>	<u>Complete Address</u>
<u>Ken R. Zigler</u>	<u>33 Sweeney dr.</u>
	<u>Sagle Id. 83960</u>

3. The general type of business transacted under the assumed business name is:

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

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

NA

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

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

NA

Phone number (optional):

208-660-0890
cell

Secretary of State use only

Signature: Ken R. Zigler

Printed Name: KEN ZIGLER

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\labn_forms\labn.p65 Revised 12/2001

IDAHO SECRETARY OF STATE
07/12/2002 05:00
CK: 1659 CT: 150010 DH: 476033
1 @ 20.00 = 20.00 ASSUM NAME # 2
D 56471