

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 APR 19 AM 9: 13

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
1. The assumed business name which the under business is: Ropk Rooting	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing e: Complete Address 559 MONYOR TWINFALLS. 83301
The general type of business transacted und	er the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 559 Monroe Winfalls 16	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
 Name and address for this acknowledgment copy is (if other than # 4 above): 	(2 <u>08)</u> 320 - 039
	Secretary of State use only
Signature: (signature required) Printed Name: Frma 1 + 0110 C Capacity/Title: 0100 K (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE ###
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