

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse before	ore filing. SECTION OF STATE
 The assumed business name which the ur business is: 	ndersigned use(s) in the transaction of
B & B Construction & Home Maintenance	
The true name(s) and business address(e business under the assumed business name Name Leroy Backham	es) of the entity or individual(s) doing me: Complete Address P O Box 295 Mtn Home, ID 83647
3. The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Leroy Backham P O Box 295 Mtn Home, ID 83647	Submit Certificate of Assumed Business
 Name and address for this acknowledgment copy is (if other than # 4 above): 	ent Phone number (optional): 208-590-3520
Signature: Last 1/Book	Secretary of State use only Company Compa
Printed Name: 4 Cros BACKhan	IDAHO SECRETARY OF STATE 98 99 99 99 99 99 99 99 99 99 99 99 99 9
Capacity/Title: Owner	06/05/2007 05:00 CK: 2027 CT: 165356 BH: 1058052 1 0 25.00 = 25.00 ASSUM NAME # 2