FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 DEC -5 PM 12: 44

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

SECRETARY OF STATE STATE OF IDAHO

Watz (	Construction
The true name(s) and business address(e business under the assumed business name     Name     Michael Walz	s) of the entity or individual(s) doing ne: Complete Address 1935 Poplar Ave.Twin Falls, ID 83301
3. The general type of business transacted under the last of the l	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
1935 Poplar Ave.  Twin Falls, ID 83301  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301
	(208) 490-0157
	Secretary of State use only
12h 1/11/2	Ph. p65
nature: //klac/ Ma/C	Good of the state
nted Name: Michael Walz	Revieed 04/2009
pacity/Title: Ownar	Policina Ser
(see instruction #8 on back of form)	IDANO SECRETARY OF ST

12/06/2005 05:00 CK: 2394 CT: 158010 BH: 925279 1 @ 25.00 = 25.00 ASSUM NAME # 2

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