Capacity/Title:

Manager

(see instruction # 8 on back of form)

## FILED EFFECTIVE

## **CERTIFICATE OF**

ASSUMED BUSINESS, NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 3: 58 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. \$IAIE OF JUNE OF

Advanced Building Concepts	
The true name(s) and business address under the assumed business	ess(es) of the entity or individual(s) doing ss name:
Name	Complete Address
Jennifer Klomp	1721 Grant Avenue
	Boise, ID. 83706
Services Agricult Manufacturing Mining Finance, Insurance, and Real E The name and address to which future correspondence should be addressed	Assumed Business Name and \$25.00 fee to:  re Secretary of State d: 700 West Jefferson
Jennifer Klomp	Basement West PO Box 83720
1721 Grant Avenue	Boise ID 83720-0080
Boise, ID. 83706	208 334-2301
. Name and address for this acknowle	edgment Phone number (optional):  208-724-8501
COpy is (if other than # 4 above).	

IDAHO SECRETARY OF STATE
12/09/2004 05:00
CK: 860 CT: 158010 BH: 780662
1 0 25.00 = 25.00 ASSUM NAME # 2