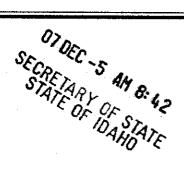


## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.



1401L. See histractions on feverse belon	ie mily.
The assumed business name which the unclude business is:	
CMN Septic & Exc	cavation
The true name(s) and business address(es) business under the assumed business name     Name	of the entity or individual(s) doing
3. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Lebrand Nambesha P.O. Box 703 Heyburn, ID 83336  5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
	Secretary of State use only
Signature: Lebrand Nowdesha  Capacity/Title: Partner  (see Instruction #8 on back of form)	IDAHO SECRETARY OF STATE  12/05/2007 05:00  CX: 178 CT: 158010 BH: 1888295  1 0 25.00 = 25.00 ASSUM NAME 0 2
	D 17301