227			
	CERTIFICATE OF		FILED/EFREDTIVE
	ASSUMED BUSINESS		ΛE
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name			igned lame. AUG 20 PM 1:55
Please type or print legibly.			E LARY INCOM
NOTE: See instructions on reverse before filing. STATE OF STATE			
1. The assumed business name which the undersigned use(s) in the transaction of			
MM14 COUNSTRINTION			
	N WD STRUCTION	<u>_</u>	
<ol><li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li></ol>			
Name <u>Complete Address</u>			
KPF.	DIM GARIBOUIC	3537	DE. JUDICIAL DR. HERIDIAN
MO	DIK HUBHGIC	<u>2551</u>	HU LAUGHRIDGE AVE. HER.
FUDIFIFIA ALIDEQIC INDO W. FOFFY HOISE			
3. The general type of business transacted under the assumed business name is:			
Retail Trade Transportation and Public Utilities			
	Vholesale Trade X Construction ervices Agriculture	•	
	lanufacturing		Submit Certificate of Assumed Business
🗌 F	inance, Insurance, and Real Estate		Name and \$20.00 fee to:
	me and address to which future		Secretary of State
corresp	ondence should be addressed:		700 West Jefferson Basement West
<u>XI</u> Sur	DE. FRANKUN RD.		PO Box 83720 Boise ID 83720-0080
MER	1DIAW 10 83642		208 334-2301
5. Name and address for this acknowledgment Phone number (optional):			
	(if other than # 4 above):		(208) 941-3817
•			
			Secretary of State use only
Signature:			
			08/20/2002 05 = 00 CK: CASH CT: 158819 BH: 483831
Capacity/Title: 1 2 20.00 = 20.00 ASSUM NAME # 2			
(50			D575311