CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

DV OF STATE STATE OF IDAL PO MAY 19 AM 9: 17

	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Id gives notice of adoption of an A	aho Code, the	e undersigned STATE
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	EXECUTIVE CONSTI	RUCTION	<u> </u>
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	<u>C</u>	omplete Address
	MOSES WOHALT	31 LUMBEE / ANE	
		SANDPO	INT, TO. 83864
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fi	ransportation and Public Utilities nance, Insurance, and Real Estate ining
4.	The name and address to which future Correspondence should be addressed:		
	EXECUTINE CONSTRUCTION		Submit Certificate of
	31 Lunges CANE		Assumed Business Name and \$20.00 fee to:
	SANOPOINT, IO. 83864		Secretary of State
5	Name and address for this acknowledgme	ent	700 West Jefferson Basement West
0.	COPY is (if other than # 4 above):		PO Box 83720
			Boise ID 83720-0080 208 334-2301
			Spario Secretario de Sunificio
		Revision 1/98	05/19/2000 09:00 CK: 1148 CT: 131311 BH: 319437
Signature: Moss What		Revis	1 9 28.86 = 26.66 ASSUM NAME # 2
Printed Name: Moses WOHALT		5 90 d	776969
Capac	ity: PRIVATE CONTRACTOR	g-koorptomstabn. p65	D) 17 1
	(see instruction # 8 on back of form)	γλάνος, Β	