

CERTIFICATE OF ASSUMED BUSINESS NAME 007-2 Fit 9:07

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

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

(see instruction # 8 on back of form)

The assumed business name which the u business is: Carrier Control	Contractors
The true name(s) and business address(e business under the assumed business na Name	me: Complete Address
	5329 Niewkwooden, CDA ID 83815 5929 Niewkwooden, CDA ID 83815
3. The general type of business transacted to 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:	on and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Eggs A. Parkierd Circ Open d'Alein 10 1355	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	nent Phone number (optional): 202:10104-40108
	Secretary of State use only
Printed Name: FGU Samer Compactify/Title: CWOCK	104H0 SECRETARY OF STATE 104H0 SECRETARY OF STATE 104H0 SECRETARY OF STATE 104H0 SECRETARY OF STATE 1072/2006 05:00 104H0 SECRETARY OF STATE 104H0 SECRETARY OF STATE 104H0 SECRETARY OF STATE 104H0 SECRETARY OF STATE 104H0 SECR

CK: 9780155280 CT: 158010 BH: 978085 1 8 25.90 = 25.90 ASSUM NAME # 2

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