

CERTIFICATE OF ASSUMED BUSINESS NAME

FILEDERRECTIVE

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

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

O2 DEC 20 AMII: 16

SECRETARY OF STATE STATE OF IDAHO

	SIMIC UT 19AHU
1. The assumed business name which the undersigned business is: Facilities Course Cou	
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name: Name Forgoe May tivez 1026	Complete Address
3. The general type of business transacted under the a □ Retail Trade □ Transportation and Pub □ Wholesale Trade ☑ Construction ☑ Services □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: □ Life Chartice Construction □ Services □ Life Chartice Scannon Basicy 2. 5. Name and address for this acknowledgment	
Signature: Instance Planting Signature: Instance Planting Signature required Printed Name: Extigue Plantine (signature required) Capacity/Title: (see instruction # 8 on back of form)	208 713 2707 Secretary of State use only IDANO SECRETARY OF STATE 12/20/2002 05:00 CK: CASH CT: 158010 BH: 652665 1 9 28.88 = 28.98 ASSUM NAME # 2