

Printed Name:

Capacity/Title: _________

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

2882 SEP 11 AM 9: 12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: MOUNTIAN BUILDERS TIME 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name OHN C SHEEHAN 83869 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade **X** Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Manufacturing Mining Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Hc1 428 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODV IS (if other than # 4 above). Secretary of State use only Signature: IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

09/11/2002 05=00

CK: NO CK # CT: 158010 BH: 487521

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