

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. Instructions are included on back of application.

FILED EFFECTIVE 2014 APR 23 AM 9: 13

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the business is: 	e undersigned use(s) in the transaction or
MAD'S EXCAVATING & TRUCKING	
2. The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> <u>MIKE FLETCHER FARMS LLC</u> (いつける)	
3. The general type of business transacte Retail Trade Transporta Wholesale Trade General type of business transacte Transporta Agricultur Manufacturing Finance, Insurance, and Real Es	ation and Public Utilities tion Te Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: MIKE FLETCHER 7461 ROBINSON RD KUNA ID 83634	
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
Signature: MIKE FLETCHER Capacity/Title: MANAGER Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 04/23/2014 05:00 CK:2033 CT:296001 BH:1421534 16 25.00 = 25.00 ASSUM NAME #2
Printed Name: Capacity/Title:	_ D 170666