

Capacity/Title: OWNER

(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.

U5 AUG 10 AM 11: 14

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is: Fuckerson Construction ———————————————————————————————————	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Lucas Stetson Fullerson 71	_
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: \$ Am E	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-336-6791
rinted Name: Luke Fukes	Secretary of State use only

IDAHO SECRETARY OF STATE 08/10/2005 05:00 CK: CASH CT: 158010 BH: 905439 1 0 25.00 = 25.00 ASSUM MAKE # 2