

Signature:

Printed Name:

Capacity/Title:

CERTIFICATE OF	Alle.
ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersion submits for filing a certificate of Assumed Business Name of Please type or print legibly. NOTE: See instructions on reverse before filing.	igned Name. SECRETARY OF STATE STATE OF IDAHO
The assumed business name which the undersigned use(s) in the transaction of business is: CESCO	
The true name(s) and business address(es) of the business under the assumed business name: Name Contractors Equipment Supply Co. 2000	entity or individual(s) doing Complete Address E. Overland Road, Meridian, ID 83642
The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: CESCO 2000 E. Overland Road Meridian, ID 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): John C. McCreedy	Phone number (optional):208-383-9511
Naylor, Hales & McCreedy, P.C. P.O. Box 9496, Boise, ID 83707	Secretary of State use only

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equired)

(signature Mark C. Canfield

(see instruction #8 on back of form)

President

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IDAHO SECRETARY OF STATE U4/16/2003 05:00 CK: 5343 CT: 155411 BH: 674931 1 8 25.00 = 25.00 ASSUM NAME # 3