Capacity/Title: NWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FFFECTIVE

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

2005-007-28 AH 8:42

PECLETATION STATE
STATE OF STATE

The assumed business name which the undersign business is:	• •
- 5cHm &	CHEL CONSTRUCTION
2. The true name(s) and business address(es) of the business under the assumed business name: Name Name Augho Schwechel /a	Complete Address
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: SAmと AS ABouを	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
1204 KENYON RD TWIN FALLS ID 83301	Secretary of State use only
Signature: Day Chulul (Signature required) Printed Name: 1/AUSHN SHWECHS	occounty of state day

IDAHO SECRETARY OF STATE
11/01/2005 05:00
CK: 12036658 CT: 158010 BH: 919836
1 0 25.00 = 25.00 ASSUM NAME # 2