

Capacity/Title: Owne

(see instruction #8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED/EFFE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 92 OCT 18 PH 1: 04 STATE OF TO STATE

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

The assumed business name which the undersigned business is:	l use(s) in the transaction of
· T+D Construction	
The true name(s) and <u>business</u> address(es) of the er business under the assumed business name:     Name	ntity or individual(s) doing <u>Complete Address</u>
T+O Construction 791	Vallau St
Travis Benning field Mic	Idleton Id
	83647
3. The general type of business transacted under the a	assumed business name is:
☐ Retail Trade ☐ Transportation and Pul ☐ Wholesale Trade ☑ Construction	blic Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
_ Middleton Id 80684	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
copy is (if other than # 4 above):	585-2508
	Secretary of State use only
Signature: Stavis Benning Six de la service	IDAHO SECRETARY OF STATE
Printed Name: Iravis Benning 12/0	10/18/2002 05:00 CK: 1139 CT: 158010 BH: 576774

10/18/2002 05:00 CK: 1139 CT: 158010 BH: 576774 1 0 20.00 = 20.00 ASSUM NAME # 2