

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 APR 25 AM 9:01

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the business is:	e undersigned use(s) in the transaction of
TW construction	
The true name(s) and <u>business</u> address business under the assumed business	• • • • • • • • • • • • • • • • • • • •
<u>Name</u>	Complete Address
Todd Wallace	POBOX 3190 Bonners Ferry, ID B3805
Retail Trade Transport Wholesale Trade Construct	
Services ' Agricultu Manufacturing	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Todd Wallace PO Box 3190 Bonners Ferry ID 93809	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
Signatura: 101///	Secretary of State use only
Signature: 10 de Call	
Printed Name: Todd Wallace	
Capacity/Title: Owner	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	04/25/2011 05:00 CX: NO CHECK # CT: 2580/CFIN MARKET
Capacity/Title [.]	1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

D147105