CERTIFICATE OF ASSUMED	
(Please type or print legibly. See Instructions on reverse.) To the SECRETARY ON STATE STATE STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adjustion of an Assumed Business Name.	
<ol> <li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li> </ol>	
Name	Complete Address
BRAPLEY NEIL WILSON	Engle Ilano 83616
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade     Manufactu     Wholesale Trade     Agriculture     Services     X Constructi	e Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208 373-7105
All STAR CONSTRUCTION 512 E. 415# ST.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Boise Idarto 83714 5. Name and address for this acknowledg copy is (# other than # 4 above):	700 West Jefferson
	- 208 334-2301
	- 1990 SECRETARY OF STATE
Signature: Imalling & alim	CK: 1212 CT: 85687 1H: 29617 1 8 28.08 = 28.08 ASSUM NAME
Printed Name: <u>BRADLEY N. Wilson</u> Capacity: <u>Sole - Proprietorskin</u>	D7235
(see instruction # 8 on back of form)	