

1902g



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED/EFFECTIVE

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

2002 JAN -6 PM 2: 23

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Western Waterworks Supply

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Western Construction  
Consulting Services, Inc  
C 98503

1209 3rd Ave North  
Nampa ID 83687

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" type="checkbox"/> Manufacturing            | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

Western Waterworks  
1209 3rd Ave North  
Nampa ID 83687

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same as above

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

Secretary of State use only

Signature:

Suzette Parsons  
(signature required)

Printed Name:

Suzette Parsons

Capacity/Title:

Exec. Secretary

(see instruction # 8 on back of form)

g:\corp\form\slbn form\slbn.p65  
Revised 09/2002

IDAHO SECRETARY OF STATE  
01/07/2003 05:00  
CK: 4841 CT: 150010 BH: 655105  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D6/190