

CERTIFICATE OF ASSUMED BUSINESS NAME

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

02 JAN -9 AM 8: 50
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Curran Co	onstruction
. The true name(s) and <u>business</u> address(es business under the assumed business name	, , <u>, , , , , , , , , , , , , , , , , </u>
Name	Complete Address
Koger Curran	2287 NE 16th St. Fruitland
Sheri Curran	2287 NE 16th St., Fruitland, -
. The general type of business transacted u	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Roger Cucran	Basement West PO Box 83720
2287 NE 16th St.	Boise ID 83720-0080
Fruitland ID 83619	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	nent Phone number (optional):
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	Secretary of State use only
nature: Roya Cum	
ted Name: Koner Curran	gricorpidamalular formatularing 65

01/09/2002 05:00 CK: 151 CT: 149852 RH: 438849 1 0 20.00 = 20.00 ASSUM NAME # 2

