



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 JUN 27 AM 9:46

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Mesenbrink Wood Treating

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

<u>Name</u>	<u>Complete Address</u>
<u>Chris Mesenbrink</u>	<u>PO Box 1072, Hayden ID 83835</u>
<u>Valerie Mesenbrink</u>	<u>PO Box 1072, Hayden ID 83835</u>

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:

Mesenbrink Wood Treating
PO Box 1072
Hayden ID 83835

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Chris Mesenbrink

Printed Name: Chris Mesenbrink

Capacity/Title: owner

Signature: Valerie Mesenbrink

Printed Name: Valerie Mesenbrink

Capacity/Title: owner

IDAHO SECRETARY OF STATE
06/27/2011 05:00
CK: 1900 CT: 150010 BH: 1200256
1 @ 25.00 = 25.00 ASSUM NAME # 2

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