## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse)

1 30	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	o Code,	AHO the undersigned usiness Name	action of
1.	The assumed business name which the und business is:	lersigned		action of
	IDAHO QUALITY CONST	RUCII	on co	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name Tookii Kira	242	Complete Address  OEL-AWARE	AUF NAMNAT
	GORNON STINSON	SAMI	7	83651
				· · · · · · · · · · · · · · · · · · ·
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	<ul> <li>□ Retail Trade</li> <li>□ Wholesale Trade</li> <li>□ Services</li> <li>□ Manufacturing</li> <li>□ Agriculture</li> <li>□ Construction</li> </ul>		Transportation and Finance, Insurance Mining	
4.	The name and address to which future Phone number (optional): 208-463-8670 correspondence should be addressed:			
	242 DELAWARE NAMPA ID 83651		Submit Certifica Assumed Busin Name and <b>\$20</b> .	iess
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of Sta 700 West Jeffe Basement Wes PO Box 83720 Boise ID 83720 208 334-2301	rson t
		12/99	Secretary of State IDAHO SECRETARY O	<del>-</del>
Signatu	ire: Gordon Stinson	Revision 12/99	10/06/2000 CK: 1802 CT: 136959	BH: 353226
	Name: Garage STIMISON	ъ́д	1 8 20.00 = 20.00	HOOUT MHAL # C

Printed Name: GORDON SIINSON

Capacity:\_\_\_

(see instruction # 8 on back of form)