

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 JUL 28 AM 10: 00

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

STATE OF BARD

1. The assumed business name which the undersigned use(s) in the transaction of business is:  LEISEN Construction    Leisen Construction   Leisen Constru	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Wike Colse  ———————————————————————————————————	Complete Address 241 Filer Av. W. Twin Falls, Id 8330)
3. The general type of business transacted unde  Retail Trade Transportation ar  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  MIKELLEISE  241 Flex Ar. W.  Twin Falls 10 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature:	Secretary of State use only  IDAHO SECRETARY OF STATE  07/28/2014 05:00  CK:685 CT:299451 BH:1434986  16 25.00 = 25.00 ASSUM NAME #

D172826

Capacity/Title: \_\_

Printed Name: