

Capacity/Title: Change

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 15 AN 8: 19

Please type or print legibly.

NOTE: See instructions on reverse before filling. SECRETARY OF STATE OF IDAHO

1. The assumed business name which the undersigned	ed use(s) in the transaction of
business is:	1
<u>MooseCreekConst</u>	euction
The true name(s) and business address(es) of the business under the assumed business name:     Name	entity or individual(s) doing  Complete Address
	blant St N, Twinfolls Jd 833
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  195 Walnut State  Win Falls Od 83301	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	
	Secretary of State use only
¥9	ne 15 to the state of the state
gnature: (signature required)   Source   Source	
gnature: (signature required) homes for signature required) (signature r	IDAHO SECRETARY OF STATE
rinted Name: 12205 No. 1600AS	07/15/2009 05:80 CK: 3566 CT: 158818 RK: 11788

CK: 3566 CT: 158010 RM: 1170069 1 0 25.00 = 25.00 ASSUM NAME # 2

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