

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

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

Centennial excavation.

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Shiloh Eugene Owens</u>	<u>P.O. Box 584</u>
	<u>ISLAND PARK, ID. 83429.</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture             | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services        | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed:

P.O. Box 584  
ISLAND PARK, ID. 83429.

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

Same AS Above.

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

10/30/2000 09:00  
CX: NO CK # CT: 137096 BH: 357723

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 40134

Signature: Shiloh Owens.

Printed Name: Shiloh E. Owens.

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

FILED/EFFECTIVE