Capacity: T.E.

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

2902 Nr -7 Pil 2 To the SECRETARY OF STATE, STATE OF IDAHO

1. The ass busines	s is:	name which the un		se(s) in the transaction of
2. The true busines	e name(s) and bu s under the assu	usiness address(es med business nan	s) of the enti	nty or individual(s) doing  complete Address 83814  C.O.A. ZO. #344
(mark	neral type of busing only those that apply)	ness transacted u		umed business name is:
_	nolesale Trade [ rvices 🕳	Agriculture Construction	Fi	
Se  4. The nar corresp	ne and address to ondence should lead of the desired of the desire	Construction to which future be addressed:	Fi	inance, Insurance, and Real Est lining  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State
Se  4. The narcorresp  2304  208  5. Name a	ne and address to ondence should be shown to be should be shown to	Construction to which future be addressed:	∏ Fi ∏ M	inance, Insurance, and Real Est lining  Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:

10/08/2002 05:00 CK: 2162 CT: 158818 BH: 574846 1 8 28.88 = 28.88 ASSUM NAME # 2