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## **CERTIFICATE OF** FILED EFFECTIVE ASSUMED BUSINESS NAME

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

| Please type or print legibly. NOTE: See instructions on reverse before filing                                | SECRETARY OF STATE STATE OF IDAHO   |
|--|---|
| <ol> <li>The assumed business name which the undersign<br/>business is:</li> </ol>                           |   |
| Dencon Const.  |   |
| 2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Name  K | entity or individual(s) doing  Complete Address  29 Caribel Rd.  anish, Td. 83536   |
| The general type of business transacted under the      Retail Trade      Transportation and Pu               |   |
| <ul> <li>Wholesale Trade</li></ul>   | Submit Certificate of Assumed Business Name and \$25.00 fee to:                     |
| 4. The name and address to which future correspondence should be addressed:                                  | idaho Secretary of State<br>450 N 4th Street<br>PO Box 83720<br>Boise ID 83720-0080 |
| 429 Caribel Rd.<br>Kanish Id 83531   | (208) 334-2301  |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):                               |   |
|  | Secretary of State use only   |
| nature: Oliver Tisher  |   |

Sig Printed Name: OLive D. Fisher

Capacity/Title: Sole Proprieter

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

64/09/2008 65:00

CK: 2622 CT: 224719 BH: 1189666

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