

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2003 MAR -5 AM 9: 02

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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II win see name which the und	ersianed ([]
The assumed business name which the undersigned use(s) in the transaction of The assumed business name which the undersigned use(s) in the transaction of			
business is: GRANT NEIBAUR & SONS FAI 2374 NEIBAUR RD.			
AMERICAN FALLS, IDAHO 8	3211		
2. The true name(s) and business address(es) of the entity or individual(s) doing			
business under the assumed business nam	e:		
Name		Complete Address	-11 G-26
GRANT E. NEIRAMA	2374	NEIBAUN Rd. Am. E	
DAUD G. NEIBAUR	-//	Box H, Am Falls, Ta	100011
DOUGLAS D. NEIRAUL	10.	Bux 4, Am. falk. Is	KADO II
the standard under the assumed business name is:			
3. The general type of business transacted under the assumed business name is:			
Retail Trade Transportation and Public Utilities			
Wholesale Trade Construction	ĺ		
Services Agriculture	,	Submit Certificate of	
Manufacturing Mining		Assumed Business	
Finance, Insurance, and Real Estate)	Name and \$20.00 fee to:	
		Secretary of State	
4. The name and address to which future correspondence should be addressed:		700 West Jefferson	
		Basement West PO Box 83720	
GRANT E. NEIBAUR		Boise ID 83720-0080	ļ
2374 NEIBAUL Rd.		208 334-2301	_
American Falls, Id. 83	211		
Name and address for this acknowledge	nent	Phone number (optional):	
copy is (if other than # 4 above).			
	_	Secretary of State use only	•
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0	- (gunbe		
Signature Signature required		IDAHO SECRETARY OF	STATE
Printed Name: GRANT E. NEIBANA	toorpitorins/abn forms/abn p65	Ø3705/2003 CK: 19A CT: 158018	05:00 H: 666651
Printed Name.	rp\forn Rev	1 8 20.00 = 20.00 A	SSUM NAME # 2
Capacity/Title	<u>-</u> ا	~ 1 - 1 1	_
(see instruction # 8 on back of form)		0 6316	4