CERTIFICATE OF ASSUM (Please type or print legibly. S	•
To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	ho Code, the undersigned 14 All 8:48
1. The assumed business name which the ur business is: The Cochran Const	ndersigned use(s) in the transaction of TE ruction (cmpany
 The true name(s) and business address(es business under the assumed business nar 	
James Flochran	1852 Sunview Lance Hayden ID 83835
3. The general type of business transacted u	nder the assumed business name is:
(mark only those that apply) Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	 Finance, Insurance, and Real Est Mining
4. The name and address to which future if correspondence should be addressed:	Phone number (optional): <u>208 - 772 - 900</u> Submit Certificate of
Hayden ID 83835	Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme COPY IS (if other than #4 above):	nt Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only ଞ
Signature:	Revision 12.99
Printed Name: James + Cochran Capacity: Dwner	IDAHO SECRETARY OF STAT 99/12/2002 05 08:3462 07:158010 BH:4 1 a 20.99 = 29.90 ASSUM

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