CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

•	gives notice of adoption of an A The assumed business name which the u business is:		
2.	The true name(s) and business address(s) business under the assumed business na	es) of the erame is/are:	ntity or individual(s) doing
	Describ C. Kimball	752	Complete Address L. Aikers CT 28 21) 83616
3.	The general type of business transacted (mark only those that apply)	under the as	ssumed business name is:
	☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☐ Services ☑ Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed: 752 W Aikers CT	Phone num	ber (optional):
	Eagle TD 93616		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.		ent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IBMHO SECRETARY OF STATE
5. Signatu	COPY is (if other than # 4 above):	ent (gg)	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301