CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	(Please type or print legibly. Se	e instruction	
***	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	o Code, the	undersigned: State
1.	The assumed business name which the und business is: JOE B. HALL REMODE	_	18.
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	JOSEPH M. HALL	137 F	MALUAZO #257
		150151	10 83706
3.	The general type of business transacted unemark only those that apply)	der the assu	med business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☒ Construction		nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed:	none numbei	(optional):
	137 E. MAUARD #257		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	····		Secretary of State use only
nati nted paci	Name: JOE HALL	mstebn.p65 Revision 1/98	IDAHO SECRETARY OF STATE 03/06/2003 05:00 CK: 2354 CT: 158010 BH: 666890 1 9 20.00 = 20.00 ASSUM NAME # 2

Sig Prir Ca (see instruction #/8 on back of form)