27	
CERTIFICATE OF ASSUMED BUSINESS N (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO	
Pursuant to Section 53-504, Idano Code, the undersigned gives notice of adoption of an Assumed Business Name STATE OF 1. The assumed business name which the undersigned use(s) in the trai	ALE OF MALE
business is: <u>A to Z linings</u>	
2. The true name(s) and business address(es) of the entity or individual business under the assumed business name is/are: <u>Name</u> <u>Ben Zimmermen</u> <u>2101 E Iskesivle Avt</u>	ee
BEN Zimmerman 2101 E Timestro per	838/4
Wholesale Trade Agriculture Finance, Insura	and Public Utilities ance, and Real Estate
<ul> <li>Services X Construction X Mining</li> <li>4. The name and address to which future Phone number (optional): correspondence should be addressed:</li> </ul>	208-664-4681
<u>Ben Zimmerman</u> DBA. <u>A to Z linings</u> <u>Name and</u> <u>Name and</u>	Business \$20.00 fee to: 25.00
5. Name and address for this acknowledgment       700 West         Basement       PO Box 80	Jefferson t West 3720 33720-0080
Secretary Secretary	of State use only
Signature:     Image: Signature: <th>AND SECRETARY OF STATE 28/2003 05 = 00 38 CT: 156019 BH: 693202 98 = 25.00 ASSUM MANE # 2</th>	AND SECRETARY OF STATE 28/2003 05 = 00 38 CT: 156019 BH: 693202 98 = 25.00 ASSUM MANE # 2
Capacity: Owner (see instruction # 8 on back of form)	D167457