CERTIFICA	TE OF	
ASSUMED BUS	SINESS NAME	FILED EFFECTIVE
Pursuant to Section 53-504, lo submits for filing a certificate of	aho Code, the undersigned	
NOTE: See instructions on re		SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the undersigned use(s) in the transaction of business is: 		
Certified Senior Construction Services		
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 		
Jarrod Plantenga	2373 V	W.Trestle Dr. Meridian Id 83646
Wholesale Trade Co Services	nsportation and Public Instruction Iriculture ning eal Estate future essed:	
5. Name and address for this acknown copy is (if other than #4 above):	nowledgment	
		Secretary of State use only
Signature:	procession of the second	and a second second and a second second and a second second and a second
Capacity/Title: Owner IDAHO SECRETARY OF STATE		
(see instruction # 8 on back of form) (x: 2181 CT: 233979 BH: 1156319 1 8 25.08 = 25.08 ASSUM WINE # 2		

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