



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2013 SEP 17 AM 10: 22

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

TRI-WAYS CONSTRUCTION

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>PETER JOSEPH BYRNES</u>	<u>PO BOX 823 POST FALLS ID 83877-0823</u>
<u>MARK EUGENE JOHNSTON</u>	<u>PO BOX 823 POST FALLS ID 83877-0823</u>
<u>WILLIAM JOHN MILLER</u>	<u>PO BOX 823 POST FALLS ID 83877-0823</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

PETER J BYRNES
1503 E 2ND ST APT. # B
POST FALLS, IDAHO 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

SAME

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [Signature]
Printed Name: Peter Byrnes
Capacity/Title: President
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/17/2013 05:00
CK: 2332 CT: 287634 BH: 1398401
1 @ 25.00 = 25.00 ASSUM NAME # 2

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