

227

**FILED-EFFECTIVE**

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 DEC -1 PM 3:03

SECRETARY OF STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Frontier Contracting

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

Name

Complete Address

Bob Kolbusz

P.O. Box 2941

Post Falls, ID 83877

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 checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

P.O. Box 2941

Post Falls, ID 83877

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

Same as above

Phone number (optional):

707 490-0657

Signature:

Bob Kolbusz  
(signature required)

Printed Name:

Bob Kolbusz

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\scipform\idn form\idn 165  
Revised 04/2003

IDAHO SECRETARY OF STATE

12/01/2005 05:00

CK: 669820 CT: 172099 BH: 924698  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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