

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 JUN 2 7119

Sixing

Please type or print legibly.

Capacity/Title: <u>Owner</u>

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing.

 The assumed business name which the undersigned business is: E (ance - Service) The true name(s) and business address(es) of the enbusiness under the assumed business name: Name Brica Madrey's 	Confractors
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Game	ssumed business name is:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-20/-3403 Secretary of State use only
Signature: Source required Printed Name: Bries Medicain	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

06/29/2005 05:00

CK: 5863 CT: 158818 BH: 818631
1 9 25.88 = 25.88 ASSUM NAME # 2

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