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Capacity/Title:

(see instruction # 8 on back of form)



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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the und business is: Peine Construction	dersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name Kraja Peine	of the entity or individual(s) doing e: Complete Address 2323 N Bayer Sandpoint ID 83864
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction	der the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 2323 N Boyer Sand point ID 83864	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	nt Phone number (optional):
	Secretary of State use only
nature: <u>Secra Seine</u> nted Name: <u>Krang Rine</u> pacity/Title: <u>Owner</u>	IDAHO SECRETARY OF STATE ### ### ### ### ####################
(see instruction # 8 on back of form)	5 1 0 25.00 = 25.00 ASSUM NAME W