

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

D67628

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Please type or print legibly. NOTE: See Instructions on reverse before filing.

The assumed business name which the undersigned business is:	SECHEIARY OF STATE STATE OF IDAHO ed use(s) in the transaction of
3 B & G All Phase Const	
2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name:  Name  Laurence J. Barkow 1 444 e	entity or individual(s) doing  Complete Address  Tth Str. Idaho Falis ID 83401
3. The general type of business transacted under the a  Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  444 E Teh Str. Idaho falls ID 83401	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional): 208, 528, 8834
	Secretary of State use only
Signature: (signature required)  Printed Name: NWYENCE J. Barkow T  Capacity/Title: Owner Operator  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  98/94/2903 95:90  CK: 3810 CT: 158810 BH: 694321  1 8 25.00 = 25.00 ASSUM NAME # 2