	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 15 to 10 to 1			
gives notice of adoption of an Assumed Business Name. ** OF IDAHO STATE				
1.	The assumed business name which the und business is:	lersigne	d use(s) in the transaction of	
	Access Idaho			
2.	The true name(s) and business address(es) business under the assumed business name	of the o		
	Name AMERICAN DISABILITIES	651	Complete Address N 600 E Box 128	
	ACT COMPLIANCE	FIR	TH. IDAHO 83236	
	DESIGN É CONSTRUCTION LLC		!	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☒ Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4. The name and address to which future Phone number (optional): 346-6289 correspondence should be addressed:				
	Acress Idaho Box 128		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	FIRTH, IDAHO 83736		Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	Basement West PO Box 83720	
	242/ Kowa MAI		Boise ID 83720-0080 208 334-2301	
	PEARL CITY HI		Secretary of State use only	
	96782	Revision 1/86	13000 SECRETARY OF STATE 85/14/1998 69:66	
Signa	ture: 1 Jayl Carlson	Revisi	CX: 126 CT: 96724 MH: 119632	
Printed Name: DAYLE CARLSON Capacity: MEMBER (see instruction # 8 on back of form)				
	(see instruction # 8 on back of form)			