

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 HOV -5 AM 10: 20
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

WLCAD Construction	
The true name(s) and <u>business</u> address business under the assumed business	
<u>Name</u>	Complete Address
William L. Cadarette	3365 N Highway 33 - Driggs (D 83422
2. The general time of histories transport	
3. The general type of business transactors	.
	tation and Public Utilities
Wholesale Trade Construc	
Services Agricultu	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real E	
4. The name and address to which future	e Secretary of State
correspondence should be addressed	450 North 4th Street
Same	PO Box 83720
	Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowled	gment
COPY is (if other than #4 above).	
Same	<u></u>
	Secretary of State use only
ignature: Will R. Cadatt	
rinted Name: William L. Cadarette	
apacity/Title: Owner	IDAHO SECRETARY OF STATE
ignature:	11/05/2014 05:00
griadie.	CK:759 CT:302932 BH:14482

D 174186

16 25.00 = 25.00 ASSUM NAME #2

Printed Name:

Capacity/Title: