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## CERTIFICATE OF ASSUMED BUSINESS NAME

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

(see instruction # 8 on back of form)

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 MAY -8 AM 8=04

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is:      ETITE SANDBIASTING	
	ntity or individual(s) doing  Complete Address  Box 1812  Bod ve CanyonPole  ett River, TOAH 83856
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities  Wholesale Trade Construction	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  JEFF HAHN Po Box 1812 Prest River TDAHo 83857	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): 208 290 - 1755
Signature: Jeffrey Lynn talo s.	Secretary of State use only
Signature: Jeffrey dynn tale A.  Printed Name: Jeffrey Lyan Hohn JR.  Capacity/Title: Oxyative	19040 SECRETARY OF STATE 95/98/2009 95:00 CK: 2105 CT: 150010 BH: 116%17

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