

Capacity/Title: <u>しい</u>Ner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

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SEC	RETAIN	A	8: 40

STATE OF IDAHO

business is: $R \rightarrow R$	B. of B. Drilling
O + D Parties	(b. 4 b. 01111119)
2. The true name(s) and <u>business</u> addres business under the assumed business	name:
Name	Complete Address
ERIN James Boye.	P.O. Box 76
LORI M. BOYE	1233 N. Hwy. 91 Shelley, Idaho 83274
***	Shelley, Idaho 83274
3. The general type of business transacte	
. The general type of business traffsacte	d under the assumed business faille is.
☐ Retail Trade ☐ Transporta☐ Wholesale Trade ☒ Construct	ation and Public Utilities tion
Services Agricultur	re Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Est	tate Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
B+B Drilling P.O. Box 76	PO Box 83720 Boise ID 83720-0080
	
Shelley Idaho 832	.74
5. Name and address for this acknowled	gment Phone number (optional):
COPy is (if other than # 4 above):	208 - 357-5751
	20000
	Secretary of State use only
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The Karton	d uge
nature (signature required)	Sed up Secretary of State
ted Name: FRIAL James Roy	្រុន្ត ទី IDANO SECRETARY OF STATE

OS/OS/2003 05:00 CK: 1007 CT: 150010 BH: 695337 1 0 25.00 = 25.00 ASSUM MANE # 2