	CERTIFICATE OF ASSUME (Please type or print legibly.	
1.	To the SECRETARY OF STATE, STA	aho Code, the undersigned
	business is:  2 Ato Z Custom Con	tracting BASS
2.	The true name(s) and business address(es business under the assumed business name	me is/are:
	<u>Name</u>	Complete Address
	Gary W. Cowan Londa A. Cowan	203 12th Ave North Nampa, Idaho 83687
3.	The general type of business transacted ur (mark only those that apply)	under the assumed business name is:
	☐ Retail Trade       ☐ Manufacturing         ☐ Wholesale Trade       ☐ Agriculture         ☒ Services       ☒ Construction	Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): 463 - 4484
	203 12th Ave Nort	Maille allu \$20.00 lee to.
	Nampa, Idaho 8368	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	Basement West PO Box 83720
		Boise ID 83720-0080 208 334-2301
		Secretary of State use only  3 IDANO SECRETARY OF STATE
<b>0</b> := 1	- P 0 1 P 1	12/28/1998 09:00 ck: 4215 CT: 66785 BH: 173395
Signature: 1 # 28.00 = 29.00 ASSUM WANE # 2		
Printed Name: Londa A. Cowah & D21371		
(see instruction # 8 on back of form)		