		SECTIE
CERTIFICATE OF		
ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th	NAME	A H 9:
submits for filing a certificate of Assumed Ba	usiness Name.	9: 05
Please type or print legibly. NOTE: See instructions on reverse befor	e filing.	~ . .
1. The assumed business name which the und business is:		
BAUR Consti	ruction	
2. The true name(s) and business address(es) business under the assumed business name Name Ryon Robert Lowrence	Complete Address <u>917 E St Marries</u> COLUT D Aleri ID	
	83414	
 Wholesale Trade S Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Same and address for this acknowledgment 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301 Phone number (optional):	
COPY IS (If other than #4 above).	208-664-5471	
	Secretary of State use only	
ed Name: <u>Ryan La Wither</u> (elgnature required) city/Title: <u>DWDEr</u> (see instruction # 8 on back of form)	Прано SECA 03/11/2 СК: 92560617562 С 1 92560617562 С	ETARY OF STA 005 05 1: 158010 B 5.00 Assun 1