Signature:___

Capacity:

Printed Name:

TRACH

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of E business is: Specialty Construction Supply 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address & Construction Supply Ix 12450 W FRANKLIN 2019 Kimberly Rd Twin Falls 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities X Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Mining Services 4. The name and address to which future Phone number (optional): 308.332.6800 correspondence should be addressed: Specialty Construction Supply Submit Certificate of Assumed Business 12450 W FRANKLIN RD Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY is (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only

TDAHO SECRETARY OF STATE

11/02/2000 09:00 CK: CASH CT: 138009 BH: 358362

1 @ 20.00 = 20.00 ASSUM NAME # 2

FILED/EFFECTIV