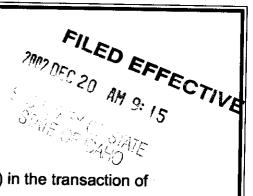


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



D 8889

| 1. The assumed business name which the u  | ndersigne                                     | ed use(s) in the transaction of                                  |  |
|---|---|--|--|
| business is:  |   |  |  |
| Terra Construction  |   |  |  |
| 2. The true name(s) and business address(e business under the assumed business na | es) of the me:                                | entity or individual(s) doing                                    |  |
| Name  |   | Complete Address   |  |
| James M. Langevin II  | 961 Harvest Moon                              |  |  |
|   |   | rd 'Alenc. ID. 83815   |  |
| 2 The general transfer is   |   |  |  |
| 3. The general type of business transacted u                                      | nder the a                                    | assumed business name is:  |  |
| Retail Trade Transportation   |   | blic Utilities   |  |
| ☐ Wholesale Trade ☐ Construction☐ Services ☐ Agriculture                          |   |  |  |
| ☐ Manufacturing ☐ Mining  |   | Submit Certificate of  |  |
| Finance, Insurance, and Real Estate   | 1   | Assumed Business Name and <b>\$20.00</b> fee to:                 |  |
| 4. The name and address to which future   | •   | Secretary of State   |  |
| correspondence should be addressed:   |   | 700 West Jefferson   |  |
| Terra Construction / J. Lancevin  |   | Basement West  |  |
| 961 Horvest Moon  |   | PO Box 83720<br>Boise ID 83720-0080                              |  |
| Cucurd'Alene To 23815   |   | 208 334-2301   |  |
| 5. Name and address for this acknowledgme   | ent   | Phone number (optional):   |  |
| COPy is (if other than # 4 above):  |   | 208-660-8264   |  |
|   |   | <u> </u>   |  |
|   |   | Secretary of State use only                                      |  |
|   | <b>98</b>                                     |  |  |
| gnature: Jan M. Jacatt  | ms labn.<br>302                               |  |  |
| inted Name: Name: M. Langevin II  | orpVorms\abn forms\abn.p65<br>Revised DB/2002 | IDANO SECRETARY OF STATE<br>12/20/2002 05:00                     |  |
| apacity/Title:  | Pyform  | CK: 2216 CT: 150010 9H: 652566<br>1 0 20.00 = 20.00 ASSIM HAVE 9 |  |

(see instruction #8 on back of form)