

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 SEP 25 AM 8: 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The assumed business name which the ur business is:</li> </ol>	
ANDERSON FABRICATION	<u> </u>
2. The true name(s) and business address(establishess under the assumed business name  Name  GLENN A ANDERSON	s) of the entity or individual(s) doing
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	n and Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ MinIng ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  ANDERSON FABRICATION  3418 15TH ST  LEWISTON, ID 8350/	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (Fother than #4 above):  SAME AS ABove	Phone number (optional):  208 305 6205
PINE HS HOVE	Secretary of State use only
Signature: (eigneture required)  Printed Name: GLENN ANDERSON  Capacity/Title: OWNER  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  99/25/2009 05:00  CK: 1372 CT: 159835 BH: 1188449