

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 NOY 21 PM 12: 08

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the ur business is:	ndersigned	d use(s) in the transaction of	
	E.A. construction			
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name  Michael Rodriguez	s) of the entity or individual(s) doing ne: <u>Complete Address</u> 4010 bennington st caldwell ID 83607		
3.	The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture			
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
4.	The name and address to which future correspondence should be addressed:  Michael Rodriguez	:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080	
	4010 bennington st caldwell ID 83607		208 334-2301	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt		
0.			Secretary of State use only	
	ture: Nichael Redriguer	į		
	d Name: Michael Rodriguez			
	city/Title:		IDAHO SECRETARY OF STATE	
Signature:Printed Name:			11/21/2012 05:00 CK: CASH CT: 158010 BH: 1348561	
	Capacity/Title:		1 0 25.00 = 25.00 ASSUM NAME # 2	

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