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CERTIFICATE OF ASSI	IMED	RUSINE	ESS NA	MF
(Please time or print legible	Poster			11411
(Please type or print legibly	300 MS	ructions on	reverse.) 👱	- T

	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ide gives notice of adoption of an A	aho Code, the	undersigned		
1.	The assumed business name which the ubusiness is:				
	ES ² + inc		j. s		
2.	The true name(s) and business address(e business under the assumed business na		or individual(s) doing		
	Name		mplete Address		
	Engineering STructural Solution	ns, Inc.			
	E 134906	1555 Ea	st Lincoln Road 🚉 🗸 🙀		
		Idaho F	~ 70.7		
3.	The general type of business transacted to (mark only those that apply)	under the assu	med business name is:		
4.	Retail Trade Manufacturia Wholesale Trade Agriculture Services Construction The name and address to which future correspondence should be addressed:	Fin Min	ansportation and Public Utilities ance, Insurance, and Real Estate ning r (optional):(208)_523-4433_		
	Gregory I. Ehardt		Submit Certificate of		
	P.O. Box 50578	Assumed Business Name and \$20.00 fee to:			
	Idaho Falls, ID 83405-0578				
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
			\$DANG-GEORESARY OF STATE		
		Revision 12/99	07/06/2000 09:00 CK: 8177 CT: 13988 BH: 331474		
Signatu	ire: Nthota Hillian		1 @ 20.00 = 20.00 ASSUM NAME # 4		
Printed	Name:Douglas H Weber	 <u> </u>			
Capaci	ty: President	Noorphforms\abou.p65	A		
	(see instruction # 8 on back of form)	cija di	D 37689		