



# 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.**

2005 JAN -3 05:11:05

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Modern Builders Supply, Inc.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Modern Builders, Inc.

1921 N. Harrison

C158120

Pocatello, ID 83204

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Ladd Becker

9746 Andee K Lane

Pocatello, ID 83204

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Thomas J. Holmes, Esq.

P.O. Box 967

Pocatello, ID 83204-0967

Phone number (optional):

Secretary of State use only

Signature: Ladd Becker

(signature required)

Printed Name: Ladd Becker

Capacity/Title: President

(see instruction # 8 on back of form)

g:\corp\format\abn forms\abn p65  
Revised 04/2003

IDAH0 SECRETARY OF STATE  
01/03/2005 05:00  
CK: 1278 CT: 184829 BH: 784722  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D83614