

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

05 AUG 31 PM 2: 40

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

	JIAIL OF DATO
<ol> <li>The assumed business name which the undersigne business is:</li> </ol>	ed use(s) in the transaction of
BLACK BUTTE CONSTRUCTION	
2. The true name(s) and <u>business</u> address(es) of the	entity or individual(s) doing
business under the assumed business name:	Complete Address
Name  774 C	E. PLAZA ST. STATE B #135
<u> </u>	IVE, FD 83616
3. The general type of business transacted under the	assumed business name is:
Transportation and Public Utilities	
Tretail Hado	apro ominos
Wildiodic Hade	Cubmit Carlificate of
	Submit Certificate of Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Secretary of State
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	700 West Jefferson
	Basement West
BARRIE MACKINNON	PO Box 83720 Boise ID 83720-0080
228 E. PLAZA ST. SLITE B #135	208 334-2301
EAGLE, ID 3616	
5. Name and address for this acknowledgment	Phone number (optional):
copy is (if other than # 4 above):	28-866-5763
	Secretary of State use only
Ju	
M. J. Ala	
Signature: Walkunn (signature required)	IDAHO SECRETARY OF STATE
Signature: Mackinnon  Printed Name: BARRIE MACKINNON	08/31/2005 05:00 CK: CASH CT: 158010 BH: 989279

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CK: CASH CT: 158010 BH: 909279

1 @ 25.00 = 25.00 ASSUM NAME # 2

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