

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

02 JUL 30 PM 4:38

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

SHADOW MOUNTAIN HOMES

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

Name  
SHADOW MOUNTAIN CONSTRUCTION, INC.

Complete Address  
785 BANKSIDE DR.

EAGLE, ID 83616

C 116230

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 |                                                              |

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

SHADOW MOUNTAIN CONSTRUCTION, INC  
785 BANKSIDE DR.  
EAGLE, ID 83616

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

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

Phone number (optional):

208-938-0673

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

DONALD P. FLYNN

Capacity/Title: \_\_\_\_\_

PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE  
07/31/2002 05:00  
CK: 19553 CT: 25233 BH: 479994  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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