

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.

08 APR 28 AM 8: 22 SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is: 人士人 ConStruction	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Leland F. Stapley 192	Complete Address S Dove Dr. Ammon Td. 83406
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade X Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 1925 Dove Dr. Ammon II. 83406	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Leland 7-5:fashy (signature required) Printed Name: Leland F. 5-tapley Capacity/Title: OWNER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 94/28/2008 95=00 CK: NO CK # CT: 158010 BH: 1112058 1 0 25.00 = 25.00 ASSUM NAME # 2