

Capacity/Title: MANAGER

(see instruction # 8 on back of form)

CERTIFICATE OF FILED/EFFECTIVE ASSUMED BUSINESS NAME

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

2003 JUN -5 AM 8: 45

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

SECRETARY OF STATE

instructions on reverse before fi	ling.
 The assumed business name which the unders business is: 	STATE OF IDAHO igned use(s) in the transaction of
MAGNUM DEMOLIT	
2. The true name(s) and business address(es) of the business under the assumed business name: Name MAGNUM CONTRACTORS, UC (W-1(877)	the entity or individual(s) doing
3. The general type of business transacted under the	ne assumed business name in:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SAME AS ABOVE 5. Name and address for this acknowledgment	
copy is (if other than # 4 above).	208-322-0900
Sept. 120 11	Secretary of State use only
rinted Name:	
Printed Name: TALE HOPE	

IDAHO SECRETARY OF STATE

06/05/2003 05:00

CK: 3265 CT: 146629 BH: 684273

1 0 25.00 = 25.00 ASSUM NAME # 2