IFICATE OF ASSUMED BUSINESS INC. (Please type or print legibly. See instructions on reverse.) The undersigned Are the undersigned of the undersig CERTIFICATE OF ASSUMED BUSINESS N To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned %gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Kerr Surveying 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Thomas W. Kerr 404 E. Park-P.O. Box 853-McCall, ID 83638 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): (208)634-2686 correspondence should be addressed: Thomas W. Kerr Submit Certificate of Assumed Business P.O. Box 853 Name and \$20.00 fee to: McCall, ID 83638 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** COPY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 03/12/2001 09:00 Signature:

Printed Name: Thomas

Capacity:__ OWNER

(see instruction # 8 on back of form)

CK: 1671 CT: 143427 BH: 384846

9 = 20.00 ASSUM MAME # 2

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