CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 17 FEB 16 AM 8: 50 submits for filing a certificate of Assumed Business Name

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Heilmai	n Contracting	
t. The true name(s) and business address(e business under the assumed business na Name Cliff Heilman	es) of the entity or individual(s) doing me: Complete Address 1030 Mckinneyville Rd, Princeton ID	
The general type of business transacted in Retail Trade Transportation	under the assumed business name i	s:
 Wholesale Trade ✓ Services ✓ Manufacturing ✓ Finance, Insurance, and Real Estatement 	Submit Certificate of Assumed Business Name and \$25.00 fee to	o:
The name and address to which future correspondence should be addressed: Cliff Heilman	Secretary of State 700 West Jefferson Basement West PO Box 83720	
1030 Mckinneyville Rd Princeton ID 83857	Boise ID 83720-0080 208 334-2301	
 Name and address for this acknowledge copy is (if other than #4 above). 	nent Phone number (optional 208-875-1506):
	Secretary of State use	опіу
nature: (algneture required) (algneture required) Cliff Heilman	Previous Commission Co	
pacity/Title: Owner	g-toorphorensation forests	
(see instruction # 8 on back of form)	IDAHO SECR	ETARY O

IDAHO SECRETARY OF STATE

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