

Printed Name: 15/10

(see instruction # 8 on back of form)

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

2/1/06

FILED EFFECTIVE

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

2006 FEB -3 AN 8: 52

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

SECRETARY OF STATE STATE OF IDEAN

1. The assumed business name which the undersigned use(s) in the transaction of business is: B. 4 E. MAINTENANCE	
business under the assumed but Name	Complete Address 4000Se 8594 HAMAKARR
Retail Trade Trade Wholesale Trade Services Ag Manufacturing Mi	Insacted under the assumed business name is: Insportation and Public Utilities Instruction Iriculture Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and F 4. The name and address to which correspondence should be address. B+E MAINTENAME 950 TRANSCOORDA CORRELL D ALSUE T	future Secretary of State
5. Name and address for this ack copy is (if other than # 4 above): SAME AS II 4	nowledgment Phone number (optional):
onature:	Secretary of State use only

IDAHO SECRETARY OF STATE 02/03/2006 05:00 CK: 8226 CT: 159949 BH: 935819 1 9 25.00 assum hame # 2