

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2005 DEC -2 AM 8: 51

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

2. The true name(s) and business address(establishess under the assumed business name Name Darren Newcomb	s) of the entity or individual(s) doing me: Complete Address Po. Box 817 New Meadows, ID
Lorie Newcomb	
3. The general type of business transacted ur	
	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Newcomb's Excavating F.O. Box 817 New Meadows, TD 83694	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than #4 above): ———————————————————————————————————	Phone number (optional): 208-347-2764
	Secretary of State use only
gnature: <u>Sociente Comb</u> (signature required) inted Name: <u>Lorie Newcomb</u> apacity/Title: <u>CO-OWNEV</u>	g'Corp/bomstebn.p65
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE 12/06/2005 05:00 CK: 3364 CT: 158010 BH: 925315 1 8 25.00 = 25.00 ASSUM NAME # 2