CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

OF STATE, STATE OF IDAHO

Code, the undersigned.

The assumed business name we business is:	\sim	use(s) in the transaction of
Dale Doin	es Drywa	<u>(1)</u>
The true name(s) and business business under the assumed business.	usiness name is/are:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name Name		Complete Address
Dale C. Deines	<u> </u>	Works Circle
	<u>toise</u>	Ida 83705
3. The general type of business tra (mark only those that apply)	ansacted under the as	ssumed business name is:
	· —	Transportation and Public Utilities
		Finance, Insurance, and Real Esta Mining
☐ Services		winning ,
4. The name and address to which	n future Phone num	iber (optional):
correspondence should be add	essed:	4!
2570 Columbus Circ	- ا	Submit Certificate of
Brise Idaho 835	NA	Assumed Business
Mise Idans 00		Name and \$20.00 fee to:
		Secretary of State
		700 West Jefferson
5. Name and address for this ackr	owledgment	Basement West
COPy IS (if other than # 4 above).		PO Box 83720,
	†	Boise ID 83720-0080 208 334-2301
		INCHEST OF STATE USE ONLY
	Revision 12/69	03/28/2000 09:00 CX: CASH CT: 128944 MH: 303388
	I Q	
nature: <u>Dal Dones</u>	Revisi	1 @ 28.88 = 28.80 ASSIM HAME # 2

Printed Name: Dale Deines

(see instruction # 8 on back of form)

Capacity:

D34470