

CERTIFICATE OF

FILED EF. ECTIVE

ASSUMED BUSINESS NAME

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

riease type or print legibly.

NOTE: See instructions on reverse before filing.

Momentu	tum Steel
The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing e: Complete Address P.O. Box 1188 Cascade ID 83611
The general type of business transacted und	
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Ross Riegel P.O. Box 1188 Cascade, ID 83611 5. Name and address for this acknowledgmen copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 208-382-6373
	Secretary of State use only
ted Name:	1DAHO SECRETARY OF STA 100 (200)