27		
A STATE OF	CERTIFICATE OF	FILED EFFECTIVE
	ASSUMED BUSINESS N	
ALL OF THE	Pursuant to Section 53-504, Idaho Code, the us submits for filing a certificate of Assumed Busin	ness Name.
	Please type or print legibly.	STATE OF WARD
N	NOTE: See instructions on reverse before fi	filing.
	assumed business name which the unders ness is: <u>VIGNEEX EXCOVATI</u>	
·		
2. The busi	true name(s) and business address(es) of iness under the assumed business name:	
	Name	Complete Address
(FAY M. CARPENTER	Naboo Hwy 41 Post Falls Fel. N 2600 Hwy 41 Post Falls Fel.
		· · · · · · · · · · · · · · · · · · ·
0 The	general type of business transacted under	ar the assumed business name is:
3. Ine		
		nd Public Utilities
	Wholesale Trade Construction Services Agriculture Manufacturing Mining	Submit Certificate of Assu med B usiness Name and \$25.00 fee to:
	Finance, Insurance, and Real Estate	
	e name and address to which future	Secretary of State 700 West Jefferson
	respondence should be addressed:	Basement West
	Charles D. Carpenter	PO Box 83720 Boise ID 83720-0080
	NOGO Non 11 Post Falls Id 83854	208 334-2301
	,	Phone number (optional):
	ame and address for this acknowledgment opy is (if other than # 4 above):	208 - 773-2684
		Secretary of State use only
	-	se de la companya de
Signature	Fay M. Corplater	
Printed N	(signature required)	
	/Title: <u>Cwn.e.r</u>	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE 04/20/2005 05:00 CK: 2240 CT: 158010 BH: 805715 1 & 25.00 = 25.00 ASSUM NAME # 2
	(see instruction # 8 on back of form)	TAME
		- CON. AC