

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 NOV 30 PH 3: 04

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARIO DE STATE STATE CARROLLA DAHO

D94065

The assumed business name which the undersolution business is:	signed use(s) in the transaction of
MAJESTIC STUCCO	AND STONE
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name LAREN ALCREN DEBORATI ALCREN	Complete Address 1887 ARTESIAN EAGLE J.D. 83616
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: \[\(\left \) AREN ALLRED \[\left \) ARTESIAN \[EAGLE, TO AHO \ \ \nabla \) 36/6	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 939 - 0826
Signature: 2 AREN ALLRED	Secretary of State use only IDAHO SECRETARY OF STATE 11/30/2005 05:00 CK: CASH CT: 158010 BH: 924427 1 0 25.00 = 25.00 ASSUM NAME # 2