S P C S

Capacity/Title:



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 HAY 20 PM 2: 23

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
The assumed business name which business is:	n the undersigned use(s) in the transaction of
FW ELD & Co	
The true name(s) and <u>business</u> add business under the assumed business <u>Name</u>	dress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u>
FRANK W. ELD	BOX 660 DONNELLY, ID B3615
3. The general type of business transa	acted under the assumed business name is:
	portation and Public Utilities
	truction
✓ Services	Cubanit Contificate of
Finance, Insurance, and Rea	Assumed Business
•	Trainio and pages los to.
The name and address to which fut correspondence should be address	Secretary of State
_	Sed: 450 North 4th Street PO Box 83720
FRANK W. ELD	Boise ID 83720-0080
DONNELLY TOAHO 83615	208 334-2301
5. Name and address for this acknowledge.	
COPY is (if other than # 4 above):	
	Secretary of State use only
gnature: WELD	IDAHO SECRETARY OF STATE
nted Name: <u>デ、 w。 ธ</u> ∠p	05/20/2014 05:00 CK:1904936 CT:172099 BH:142556
pacity/Title: <u>(WINE</u> E	1@ 25.00 = 25.00 ASSUM NAME #
nature:	
nted Name:	D171357