

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

2007 APR 12 AM 8: 28

FILED EFFECTIVE

Please type or print legibly.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE CF IDAHO
1. The assumed business name which the undersigne	d use(s) in the transaction of
business is:	
M. E excavation	
- follie Excavarior	
2. The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name:	only of marriagal(3) doing
Name	Complete Address
Christ Maria, Ekins 563 Bus	West Huy so
Ku	dey, Idaho
	83318
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Pul	DIIC Utilities
Wholesale Trade  Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Chris Ilina	PO Box 83720
512 1 11 20	Boise ID 83720-0080
563W. Huy 30	208 334-2301
Burley, Idaho 83318	
5. Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above):	208 128 110-
	208-678-1190
AME	
	Secretary of State use only
ignature: (Supporture required) rinted Name: (Name Chris Christian Particle	
rinted Name:	
rinted Name: Mris Mus	IDAHO SECRETARY OF STATE
apacity/Title: Owner	04/12/2007 05:0

X: 502498001 CT: 158010 BH: 1046386 1 0 25.00 = 25.00 ASSUM WAME N 2

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