

Signature:\_

Printed Name: JAK

Capacity/Title: ひいんどん

(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.

?MA SEP -8 PM 1:53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE CATIDAHO

<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:         SAKURR CONSTRUCT/ON     </li> <li>The true name(s) and business address(es) of the entity or individual(s) doing</li> </ol>	
business under the assumed business name Name	
JANE F. KUSAKA	127 13th Ave. North
	UAMPA, IDAHO 83651
The general type of business transacted under the assumed business name is:	
<ul> <li>□ Retail Trade</li> <li>□ Wholesale Trade</li> <li>□ Services</li> <li>□ Manufacturing</li> <li>□ Mining</li> </ul>	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future	Name and <b>\$25.00</b> fee to:  Secretary of State 700 West Jefferson
correspondence should be addressed:  SAME AS ABOVE	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional):
JANE F. KUSAKA 487 HAWTHORNEDE LA GRANDE, OR 97850	Secretary of State use only

abn forms\abn. d 04/2003

IDAHO SECRETARY OF STATE

99/08/2003 05:00

CK: 4125 CT: 158810 BH: 788578
1 @ 25.80 = 25.80 ASSUM NAME # 2

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