



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO,
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

FILED
JUN 12 11 20 AM '99

1. The assumed business name which the undersigned uses in the transaction of business is:

C.F.M. Construction

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>James Corle</u>	<u>325 Poplar Ave E / P.O. Box 286, Hansen ID, 83334</u>

<u>Shawn Miller</u>	<u>595 Harrison St, Twin Falls ID 83301</u>
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3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate. |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-420-9079

James Corle
P.O. Box 286
Hansen ID, 83334

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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):

Same

Signature: [Handwritten Signature]

Printed Name: James Corle

Capacity: President

(see instruction # 8 on back of form)

Revision 1/98 g:\ccpforms\slabn.p65

Secretary of State use only

IDAHO SECRETARY OF STATE

07/13/1999 09:00
CK: CASH CT: 117909 BN: 233314

1 @ 20.00 = 20.00 ASSUM NAME # 2

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