Capacity/Title:\_

(see instruction #8 on back of form)

## FILED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME 2006 APR 13 AM 8: 56

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

STATE OF IDAHO

Please type or print legibly.

The assumed business name which the undersigned use(s) in the transaction of business is:  Andersen Construction	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Michael S. Anderson 1928/	Complete Address
B. The general type of business transacted under the  Retail Trade Transportation and Periods Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Michael S. Anderces  1928 No. Mink Cruek Rd.  Focatello, ID 83204	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): (308) 341-9599
nature:	Secretary of State use only

IDAHO SECRETARY OF STATE **04/14/2006 05:00**CK: 31252 CT: 158010 BH: 949132

L@ 25.00 = 25.00 ASSUM NAME # 2

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