

Capacity/Title:

(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. 08 AUG - 1 AM 9: 01

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Seward Co	nstruction
The true name(s) and business address(es) business under the assumed business name Name	: Complete Address
Michael Seward	205 West Madison St, Kimberly, ID 83341
The general type of business transacted und	er the assumed business name is:
☐ Retail Trade☐ Wholesale Trade☐ Construction	and Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720
Michael Seward	Boise ID 83720-0080
P O BOX 83	(208) 334-2301
Kimberly, ID 83341	
Name and address for this acknowledgmer copy is (if other than # 4 above):	t
	Secretary of State use only
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ature the hatter	\ \frac{1}{8}
(signature fequired) Michael G Seward	IDAHO SECRETARY OF S

08/01/2008 05:00 CK: 9111 CT: 158010 BH: 1129736 1 8 25.00 = 25.00 ASSUM NAME # 2