

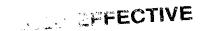
Signature:

Printed Name: ,

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME



IDANO SECRETARY OF STATE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2007 JUN 15 FR 19 05

MUNICIPALITY OF WAR. STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Bee Bee's Construction 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Lakern Edward Rasho 340 E. Boise St. Kuna ID 83634 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Tonstruction Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 450 North 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): Name and address for this acknowledgment CODY IS (if other than # 4 above): 208 922-1784 Secretary of State use only 3:\corp\forms\abn forms\abn.p65