

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

**FILED EFFECTIVE** 

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 SEP 25 AM 8: 41

Please type or print legibly. Instructions are included on back of application. SECRETARY OF STATE STATE OF IDAHO

business is:  FRA MT2 Drywal	1 Construction
2. The true name(s) and <u>business</u> addresolation business under the assumed business Name  Evasmo Martínez	Complete Address
3. The general type of business transact  Retail Trade Transpor  Wholesale Trade Construct  Services Agricultu  Manufacturing Mining  Finance, Insurance, and Real E	tation and Public Utilities ction ure Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed 420 Wilson Dr  Talko fells ID 83	450 North 4th Street PO Box 83720
5. Name and address for this acknowled copy is (if other than # 4 above):	gment
$S_{-}$ $O_{0}$ $-$	Secretary of State use only
Printed Name: <u>Erasmo Martine</u>	IDAHO SECRETARY OF STATE
Capacity/Title: OWNEY	09/25/2014 05:00 CK:1059406964 CT:251622 BH:144
Signature:	1@ 25.00 = 25.00 ASSUM NAME

D173949

Capacity/Title:\_\_

Printed Name: \_\_\_\_\_\_