

CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly)

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

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



1. The assumed business name which the undersigned use(s) in the transaction of business is:

business is. Sherman 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
JEFF SHERMAN

Complete Address

Complete Address
752 2ND AVE. EAST

Twin Falls ID. 83301

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:

752 2ND AVE. EAST
TWIN FALLS ID. 83301

5. Name and address for this acknowledgment
COPY IS (if other than # 4 above):

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
TODAY SECRETARY OF STATE

~~04/07/2000 09:00~~

CK: 0417%9504ret87; 029470; 04:006932

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)

Revision 2/97

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