

Capacity/Title:________

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2006 MAY 22 PH 1: 10 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the unbusiness is: Doper Builde	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es business under the assumed business nan <u>Name</u>	s) of the entity or individual(s) doing me: <u>Complete Address</u>
Gregory Ferraco Lori Ferraco	Coeurd'Alene Idaho 83815
3. The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: (045 Madellaine Dr. Coeurd' Alene Idaho 83815	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than #4 above):	ent Phone number (optional):
	Secretary of State use only
ignature: rinted Name: Greg Ferraro capacity/Title: Dresident	1 0 25.00 assum NAME # 25.00