

Capacity/Title: Owner

(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.

## FILED EFFECTIVE 05 SEP -2 PM 3: 02

D91313

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

SECRETARY OF STATE STATE OF IDAHO

	OTATE UT TUAHO
<ol> <li>The assumed business name which the undersigned u business is:</li> </ol>	se(s) in the transaction of
Daynunder Construction	
	ty or individual(s) doing Complete Address Comisky Boise 83713
3. The general type of business transacted under the assume that the second sec	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  14324 Comisky 13015e 1D 83713	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature:	IDANO SECRETARY OF STATE @9/02/2005 05:00 CK: CASH CT: 158010 DN: 989800 1 0 25.00 = 25.00 ASSUM NAME # 2