

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 MAR -8 AM 8: 50

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

	Aaron Rief	ef Construction
2. The true nam business und	e(s) and business address(es er the assumed business nan Name Aaron Rief	s) of the entity or individual(s) doing me: Complete Address 1185 Selle Road Sandpoint, ID 83864
3. The general t	ype of business transacted ur	nder the assumed business name is:
Service Manuface Finance The name and	ale Trade	Submit Certificate of Assumed Business
5. Name and a copy is (if other	ddress for this acknowledgme	ent Phone number (optional): 208 263 7914
		Secretary of State use only
nature: <u>Phn</u> nted Name: pacity/Title:	(signature required) Rhonda Tate bookkeeper	IDAHO SECRETARY OF STATE ### Colored

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