



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

08 AUG 20 PM 2:56

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Deffiance Construction & Electric

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Samuel H. Adkins</u>	<u>325 N. Mira ave</u>
	<u>Star ID 83669</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Samuel H. Adkins, DC PE
325 N. Mira ave
Star ID 83669

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

Phone number (optional):

(208) 870-9078

Signature:

Samuel H. Adkins
(signature required)

Printed Name:

Samuel H. Adkins

Capacity/Title:

owner

(see instruction # 8 on back of form)

Secretary of State use only

068194

IDAHO SECRETARY OF STATE
08/20/2003 05:00
CK: CASH CT: 158010 BH: 697485
1 @ 25.00 = 25.00 ASSUM NAME # 2