

CERTIFICATE OF ASSUMED BUSINESS NAME

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

64 JAN 27 AN 10:09

SECRETARY OF STATE STATE OF IDAHO

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

(see instruction #8 on back of form)

| The assumed business name which the undersigned use(s) in the transaction of business is: | |
|--|--|
| I'M SEYBOLD CONST | RUCTION |
| 2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Name SETROLD 217 WILL | Complete Address 630 ARENA VALLEY RO. LOER. (D. 83676 |
| The general type of business transacted under the assumed business name is: | |
| Retail Trade | 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 |
| Name and address for this acknowledgment copy is (if other than # 4 above). | Phone number (optional): 208 - 860 - 9205 |
| | Secretary of State use only |
| Signature: / World Sylval Sylv | D72525 IDAHO SECRETARY OF STATE |
| Printed Name: TIMOTHY S. SEYPOD BY LEED BY LEE | CK: 9563 CT: 158010 BH: 723972 |
| Capacity/Title: DWNER In the second of the | 1 = 25.00 = 25.00 ASSUM NAME # 2 |