

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.

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

business under the assumed busin	dress(es) of the entity or individual(s) doing
Name	Complete Address
KEVIN ASKEW	3318 Oregon Tool LN Kinberly Id 8
CACEY ASVEW	3318 Oregon Track LN. Kimberly, Id. 8
3. The general type of business trans-	acted under the assumed business name is:
L	portation and Public Utilities
	truction
Services	ulture Submit Certificate of
Manufacturing Minin	9 Assumed Business
Finance, Insurance, and Real	
The name and address to which fut	ure Secretary of State
correspondence should be address	ed: 700 West Jefferson
Askco Enterprizes	Basement West
3318 Oregon Trail	PO Box 83720 Boise ID 83720-0080
Kimberly, Id. 8334	
,	
 Name and address for this acknowledgment copy is (if other than # 4 above). 	dedgment Phone number (optional):
COPY 13 (il other than # 4 above).	208-423-5848
	Secretary of State use only

IDAHO SECRETARY OF STATE

92/92/2004 95:00

CK: 1329 CT: 158810 BH: 725856
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