

## 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

2018 MAR 10 PM 3: 40

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the undersigne business is:  Ed'S Excavating	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elements under the assumed business name:  Name  Eduardo Gonzalez Sag Skel	complete Address  E 900 N  ley, ID 83274.
3. The general type of business transacted under the sort of the s	•
5. Name and address for this acknowledgment copy is (if other than #4 shows):	Phone number (optional): 208-390-1449
Signature:  (Noneture required)  Printed Name: Eduacdo GontaleZ  Capacity/Title: OWNEC  (see instruction \$ 8 on back of form)	DANO SECRETARY OF STATE  (K: 4005.00 CT: 172999 BH: 1212959