

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE One 7 MAY 12 PM 2: 24

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

Please type or print legibly.

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NOTE. See instructions on reverse perore fil	ing. DAHO
1. The assumed business name which the undersi business is: Back flow Assembly Repair 3	<u>.</u>
2. The true name(s) and business address(es) of to business under the assumed business name: Name Dennis Cannon B	he entity or individual(s) doing Complete Address Bx 953 ellevue Id 83313
3. The general type of business transacted under t	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Dennis Cannon Po Bx 953 Rellevue 70 833/3 5. Name and address for this acknowledgment	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 Phone number (optional):
COpy is (if other than # 4 above).	708 - 788 - 6201
	Secretary of State use only
Signature: <u>Dennis Common</u> (signature required) Printed Name: <u>Nennis Cannon</u>	
	IDAMA SECRETARY OF STATE

IDAHO SECRETARY OF STATE 05/12/2003 05:00 CK: 2530 CT: 150010 BH: 600170 1 0 25.00 = 25.00 ASSUM NAME # 2