Signature: Holam

(see instruction # 8 on back of form)

Printed Name: Hours

Capacity/Title:___

CERTIFICATE OF

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned	
submits for filing a certificate of Assumed Business N	ame.
Please type or print legibly. 20	13 JUN -2 PM 2: 26
NOTE See instructions on reverse before filing.	
1. The assumed business name which the undersioned	CTATE OF STATE
 The assumed business name which the undersigned business is: 	DAMES IN IDAM BANGING OF
ICEA BUIDERS	
The true name(s) and business address(es) of the e business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
HOAM J. SEOLACEK 3	323 S. HAPPY VALLEY RO
	AMPA, I.O. 836860
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ### SEDLACEK ### 323 S. HAPPY (AUTY Rd. NAMPH, I.O. 83686 5. Name and address for this acknowledgment copy is (if other than # 4 above): #### ADDITION OF THE PROPERTY OF THE PUBLIC OF	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): BUILTIO State use only
NAMPA, ID 83686	

- IDAHO SECRETORY OF STATE 96/96/2003/ 95:00 CK: 968 CT: 178574 BH: 684464 1 0 25.00 = 25.00 ASSUM NAME # 2

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