



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

07 NOV 21 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Michael's Construction Comp.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Isnarda Rodriguez</u>	<u>2136 NE 16th St</u>
<u>_____</u>	<u>Fruitland Id 83419</u>
<u>_____</u>	<u>_____</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:

SAME AS ABOVE
Isnarda Rodriguez
2136 NE 16th St
Fruitland Id 83419

5. Name and address for this acknowledgment copy is (if other than # 4 above):

208 452-6402 hm
208-571-0793 cu

n/a

Signature: Isnarda Rodriguez
(signature required)

Printed Name: Isnarda Rodriguez

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/21/2007 05:00
CK: 1350 CT: 158810 BH: 1886487
1 @ 25.00 = 25.00 ASSUM NAME # 2

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