

## **CERTIFICATE OF** ASSUMED BUSINESS NAMEFILED/EFFECTIVE

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.	
The assumed business name which the under business is:	ersigned use(s) in the transaction of
TWIN CREEKS C	ONSTRUCTION
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Schwartz	
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation :  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:    Dink Schwartz   13291 E Nuna Rdr   Athol Ildo 83801	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):  208-683-3230
	Secretary of State use only
Printed Name: Dirk L. Schwartz Capacity/Title: Och Name	IDAHO SECRETARY OF STATE  OB/28/2002 05:00  CK: 7248 CT: 163894 BH: 485229  1 8 28.88 = 28.88 ASSUM NAME # 2
(see instruction #8 on back of form)	DS1772