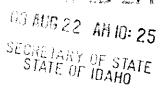


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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.



<ol> <li>The assumed business name which the under business is:</li> </ol>	ersigned use(s) in the transaction of
- Aspen Creek	Constantion
- Topico Open	bre sen occion
<ol> <li>The true name(s) and <u>business</u> address(es) business under the assumed business name</li> </ol>	
Name	Complete Address
CARIS PASSEY	10463 W. CAPELLA St.
	10463 W. CAPELLA St. Star Id. 83669
3. The general type of business transacted und	fer the assumed husiness name is:
	ter the assumed business flame is.
	and Public Utilities
Wholesale Trade Construction	
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$25.00 fee to:
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
ASDEN CASEK Constanction	Basement West PO Box 83720
10413 12 (1001/2 Sh	Boise ID 83720-0080
ASPEN CREEK CONSTANCTION 10463 W. CAPElla St. SEAR Id. 83669	208 334-2301
·	
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above):</li></ol>	nt Phone number (optional):
COPY IS (If other than # 4 above).	
	Secretary of State use only
	Secretary of State use only
10111	D68275
Signature:	oder sm.
Printed Name: Chris 1255EV	IDAHO SECRETARY OF STATE  98 98 08/22/2903 05 200  CK: CASH CT: 154010 BH: 697988
	IDAHO SECRETARY OF STATE  OB/22/2003 05 = 00  CK: CASH CT: 158816 BH: 697988  1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: Classes	20 TE FOLIAGE - FOLIAGE UNDER
(see instruction # 8 on back of form)	