

## 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.

06 MAY 22 PM 1:21

SECRETAL OF STATE STATE OF IDAHO

PALADIN QUALI	Y CONST	RUCTION
The true name(s) and business address(est business under the assumed business name Name     NICHOLAS A. CASSENS	ne:	entity or individual(s) doing  Complete Address 507 9TH ST S., NAMPA, ID 83651
3. The general type of business transacted un		
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  NICHOLAS A. CASSENS  1507 9TH ST S., NAMPA, ID 83651	and Pul	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
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above).</li> </ol>	ent	Phone number (optional):
		Secretary of State use only
gnature:	g corp/forms\abn forms\abn.p65 Revised04/2003	D100117
apacity/Title:(see instruction # 8 on back of form)	g.\corp\form Revi	IDAHO SECRETARY OF STATE  95/22/2006 95:00  CK: CASH CT: 158010 BH: 9560  1 0 25.00 = 25.00 ASSUN NAME