

Printed Name: K

(see instruction # 8 on back of form)

Capacity/Title:__

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.

FILED EFFECT:

O4 NOV -3 AM II: 56 SECRETARY OF STATE STATE OF DAHO

| 1. The assumed business name which the undersigned use(s) in the transaction of business is: WEBSTER Arme Bulding Consulting And Management | |
|--|--|
| 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing | |
| business under the assumed business name: | Complete Address |
| Name 1 | Complete Address |
| KOBERT WEUSTEN 1115 | ALL ZA |
| <i>NA</i> n | 02 82 1/25/ |
| | 13 July W-1 |
| 3. The general type of business transacted under the | e assumed business name is: |
| Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 115 Scarro Dr. WAM DA JOHN R365/ | 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 |
| Name and address for this acknowledgment | Phone number (optional): |
| COpy is (if other than # 4 above). | 208 461-5945 |
| Signotiuro: A Jeffe Line | Secretary of State use only |

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IDAHO SECRETARY OF STATE

11/03/2004 05:00

CK: CASH CT: 158010 BH: 774716

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