

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 APR -9 AM 8: 05

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse befor	re filing.
 The assumed business name which the und business is: Plumbing The true name(s) and business address(es) business under the assumed business name) of the entity or individual(s) doing
Name	Complete Address
Michael Berg	1019 14th Ave 5.
	Namps, TD 83651
Netail Hade	nder the assumed business name is:
Wholesale Trade	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
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
Signature: Cignature: Cignature required: Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE (04/09/2008 05:00) CK: 1886 CT: 158818 BH: 1189826 1 8 25.88