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CERTIFICATE OF ASSUMED BUSINESS NAME

27	CILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed B Please type or print legibly. NOTE: See instructions on reverse before	NAME ne undersigned usiness Name.
The assumed business name which the und business is: PK F	dersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name Christiansen Construction Co., Inc.	of the entity or individual(s) doing e: Complete Address 659 Eastland Dr So Twin Falls, ID 83301
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: PK Rental 659 Eastland Dr So	der the assumed business name is: and Public Utilities 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
Twin Falls, ID 83301 5. Name and address for this acknowledgmer copy is (if other than # 4 above):	
Signature: Signature Signature required Signature required Signature required	Secretary of State use only 100