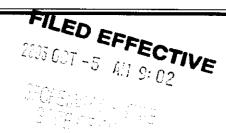


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



business is: C.L. Excavation & Trucking	
The true name(s) and business address business under the assumed business in Name Carol Leon Lehmann	
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services	Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Carol L. Lehmann P.O. Box 1883	PO Box 83720 Boise ID 83720-0080
Mcall, ID 83638	208 334-2301
Name and address for this acknowledge copy is (if other than #4 above):	gment Phone number (optional):
	Secretary of State use only

104/2003

Printed Name: Carol L. Lehmann

Capacity/Title: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

10/05/2005 05:00

CK: 5094 CT: 150010 BH: 915199

1 0 25.00 = 25.00 ASSUM HAME # 2

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