



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

12 MAY 29 AM 9:12

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Mesenbrink Wood Treating

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Chris Mesenbrink</u>	} <u>51855 N Old Hwy 95</u> <u>Rathdrum ID 83858</u>
<u>Valerie Mesenbrink</u>	

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Mesenbrink Wood Treating
po Box 1572
Hayden ID 83835

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Valerie Mesenbrink
 Printed Name: Valerie Mesenbrink
 Capacity/Title: owner
 Signature: Chris Mesenbrink
 Printed Name: Chris Mesenbrink
 Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE
 05/29/2012 05:00
 CK: 1278 CT: 278917 BH: 1326892
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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