	CERTIFICATE OF ASSUN (Please type or print legibly. S	/IED E	3US uction	INESS NA	MESALLA S
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	no Code ssumed I	, the : Busin	undersigned ್ಯ ess Name.	A1 9:10
1.	The assumed business name which the unbusiness is:				•
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	Edward L. Stice		Con	nplete Address	
		314	N	Division	Kellog Idel
	Raymond Morton				<u> </u>
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)				
_	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	, _		•	Public Utilities , and Real Estate
4.	The name and address to which future correspondence should be addressed:	hone nu	mber	(optional): 208	-784-1363
	Lightime Roofing & Sider 314 N Division	4		Submit Certifica Assumed Busin Name and \$20.0	ess
	Kelloop Iclaho 8383			Secretary of Sta 700 West Jeffer	rson
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt		Basement West PO Box 83720 Boise ID 83720- 208 334-2301	
		1/28		Secretary of State IDAHO SECRETARY OF	- !

Signature: John A January Printed Name: Cluard L. Stice Capacity: Cenaral Partner

(see instruction # 8 on back of form)

07/01/1999 09:00 CK: 11365 CT: 101711 BH: 230559

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