	CERTIFICATE OF ASSU (Please type or print legibly.	JMED BUS See instructio	ns on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is:			
1.	The assumed business name which the business is: Barns Beam's and		e(s) in the transaction of
	The true name(s) and business address(business under the assumed business na	es) of the entity ame is/are:	
	<u>Name</u>	Cor	nplete Address
	David Williams	417 14	St. Lewiston, ID. 83501
3.	The general type of business transacted (mark only those that apply)	under the assu	med business name is:
	Retail Trade Manufacture Wholesale Trade Agriculture Services Construction SALVAYE LOOSEN BUILDING The name and address to which future correspondence should be addressed:	Financia Fin	
5. \	David Williams Barns, Beams and Boards 417 1445t, Lewiston, ID. 83501 Name and address for this acknowledgm copy is (ff other than # 4 above):	ent	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	re: Doug William	Revision 1/98	IDAHO SECRETARY OF STATE Secretary of State use only 05/24/2001 09:00 X: 652 CT: 146812 BH: 399138 1 0 28.88 = 28.88 ASSUM NAME \$ 2
Signature: WHO E WARE AND THE SIGNATURE OF THE SIGNATURE			
Printed Name: DAUR WILLAMS			1-40049
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(see instruction # 8 on back of form)