

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Click here to clear form.

11 MAR -2 AM 8: 10

SECRE BY OF STATE STATE OF IDAHO

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

ldaho	Seamless Siding
 The true name(s) and <u>business</u> addres business under the assumed business <u>Name</u> 	
Stephanie Walrath	9673 S. Ammon Rd. Idaho Falls, ID 83406
Joseph Walrath	9673 S. Ammon Rd. Idaho Falls, ID 83406
Retail Trade Transporta Wholesale Trade Construct Services Agricultur	
Manufacturing	Assumed Business
☐ Finance, Insurance, and Real Es	ate Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Stephanie Walrath 9673 S. Ammon Rd.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Idaho Falls, ID 83406	250 554-2551
5. Name and address for this acknowledg copy is (if other than # 4 above):	nent - -
	Secretary of State use only
nature:	_ (
ited Name: Stephanie D. Walrath	
pacity/Title:	<u> </u>
nature: Stephanie W Walley	IDAHO SECRETARY OF STATE
······································	<u>~-</u> 03/02/2011 05:00
nted Name: Stephania Wall	CK: 51341 CT: 158810 BH: 126224

abn.pmd Rev.07/2010

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