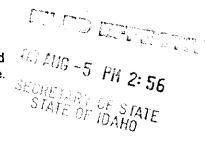
CERTIFICATE OF ASSUMED BUSINESS NAME

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



D6765

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

	•••
1. The assumed business name which the undersolution business is: A S FINISH CASPENTRY	signed use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name	the entity or individual(s) doing Complete Address
	17: CONDOR DR
	MODE TO TO
	83644
3. The general type of business transacted under	r the assumed business name is:
 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Manufacturing ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
AARON FORD 1199 CONDOR DR MIDDLEON ED 83644	PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): (208) 341 - 9864
	Secretary of State use only
Signature: (signature required) Printed Name: Arcal Fore Capacity/Title: Owner	IDAHO SECRETARY OF STATE G8/05/2003 05:00 CK: 1196 CT: 158018 BH: 694733 1 6 25.60 = 25.60 ASSUM NAME # 2