

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 MAY -8 AM 8: 33

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

The assumed business name which the un business is: Custom Cabine	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name J.L.C.C. Inc. (CI46903) James P Lehman - President R. Joy Lehman - Secretary	•
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Custom Cabinets Northwest Attn: Jake Lehman P.O. Box 446, Greenleaf, ID 83626	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above): Custom Cabinets Northwest Attn: Jake Lehman P.O. Box 446, Greenleaf, ID 83626	Secretary of State use only
ignature:	IDAHO SECRETARY OF STATE
rinted Name: R Joy Lehman	05/08/2014 05:00 CK:3383 CT:264837 BH:14238

CK:3383 CT:264837 BH:1423801 16 25.00 = 25.00 ASSUM NAME #2

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Capacity/Title: Secretary