Signature: Cugene S

Printed Name: Eugene

OWNER

(see instruction # 8 on back of form):

Capacity:\_

	- identi
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAH 77 MAY Pursuant to Section 53-504, Idaho Code, the unders gives notice of adoption of an Assumed Business A	igned Total Control of the Control o
The assumed business name which the undersigned us business is:  Hill's Custom Moulding	e(s) in the transaction of
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>	
Fugene C. Hill P.O.P	mplete Address 10x 193 Homedale Id 33628
<ol> <li>The general type of business transacted under the assumed business name is: (mark only those that apply)</li> </ol>	
Retail Trade  Manufacturing  Transportation and Public Utilities  Wholesale Trade  Agriculture  Finance, Insurance, and Real Estate  Services  Construction  Mining	
4. The name and address to which future Phone number (optional): 208-896-5169 correspondence should be addressed:	
Hill's Custom Moulding P.O. Box 193	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Homed ale Id 83628  5. Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

1900 SECRETARY OF STATE
DATE 05/30/1997
0900 97418 2
CK 1: 1738 CUSTA 82183
ASSUM NAME 10 20.00= 20.00

#: D 5008