

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

2012 AUG -9 PM 4: 17

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

В	stEvr Builders
2. The true name(s) and <u>business</u> address business under the assumed business Name  LESCO Enterprises, LLC.	
	d under the assumed business name is: ition and Public Utilities
<ul><li>☐ Services</li><li>☐ Agricultu</li><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Est</li></ul>	Submit Certificate of Assumed Business
I. The name and address to which future correspondence should be addressed: P.O. Box 2663 McCall, ID 83638	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge copy is (if other than # 4 above).	ment
	Secretary of State use only
nature: Sulut Behorte	
ted Name: Leslie L. Roberts pacity/Title: Manager	
nature:	
ited Name:	IDAHO SECRETARY OF STATE  08/09/2012 05:0

abn.pmd Rev. 07/2010

CK: CASH CT: 273149 BH: 1335369 1 @ 25.88 = 25.88 ASSEM MANE # 2

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