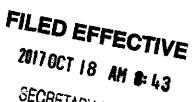


CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.



SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Liberty Remodelers The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
2.						
	Neil Blanks	1914 N Chehalis, Post Falls, ID 83854				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)	<u> </u>			
 4. 	The general type of business transacted under th Retail Trade Wholesale Trade Services Manufacturing Mailing address for future correspondence:		Tra Tra M Fir	e assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment copy is (if other than # 4):		
	Neil Blanks			other trial (# 4).		
	(Name) 1914 N Chehalis		(Name)			
	(Address)	-	(Address)			
	Post Falls ID (City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Pr	inted Name: Neil Blanks	5		Secretary of State use only		
Sid	gnature:	11/				
				IDAHO SECRETARY OF STATE 10/18/2017 05:00		
Printed Name:				CK:1105 CT:347185 BH:1607867		
Si	gnature:		1(3 25.00 = 25.00 ASS	UM NAME #2	
Pr	inted Name:					
Sig	gnature:			D197756		

Rev, 08/2015