



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse)

FILED/EFFECTIVE
2007 JAN 30 AM 8:50

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Your Experienced Siding Co.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name Harry Lundy Complete Address 1624 Plaza Dr. - P.O. Idaho
83854

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-773-5430

Y. E. S.
1624 Plaza Dr.
Post Falls, Idaho 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

N.A.

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [Signature]

Printed Name: Harry C. Lundy

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
01/30/2003 05:00
CK: 5064 CT: 150010 BH: 660059
10 20.00 = 20.00 ASSUM NAME # 2

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