

Printed Name: DALE WILSON
Capacity/Title: PRESIDENT

Printed Name: BRETT HATFIELD

Capacity/Title: SECRETARY

Signature: _

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 DEC 21 AM 8: 48

SECRE -RY OF STATE STATE OF IDAHO

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

WESTERN CUSTOM CABINETS	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	he entity or individual(s) doing
<u>Name</u>	Complete Address
WESTERN IDAHO CABINETS INC. 8025	WOODLARK ST BOISE IDAHO 83709
((102803)	
The general type of business transacted under t	he assumed business name is:
✓ Retail Trade ☐ Transportation and	
Services Agriculture	Submit Certificate of
✓ Manufacturing	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
The name and address to which future	Secretary of State
The name and address to which future correspondence should be addressed:	
correspondence should be addressed:	450 North 4th Street PO Box 83720
	450 North 4th Street
correspondence should be addressed:	450 North 4th Street PO Box 83720
correspondence should be addressed:	450 North 4th Street PO Box 83720 Boise ID 83720-0080
correspondence should be addressed: 8025 WOODLARK ST BOISE ID 83709	450 North 4th Street PO Box 83720 Boise ID 83720-0080
correspondence should be addressed: 8025 WOODLARK ST BOISE ID 83709 Name and address for this acknowledgment	450 North 4th Street PO Box 83720 Boise ID 83720-0080
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IDAHO SECRETARY OF STATE
12/21/2010 05:00
CK: 27498 CT: 122589 BH: 1251799
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abri.pmd Rev. 07/2010