CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

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 ubusiness is: Harmonic Carpentry	undersigned use(s) in the transaction of
2. The true name(s) and business address(business under the assumed business na Name Caleb (arlsow	es) of the entity or individual(s) doing ame is/are: Complete Address PO Box 12 7 Sandoux ID \$3864
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction 4. The name and address to which future correspondence should be addressed:	Finance, Insurance, and Real Estate
Caleb Carlson POBox 1217 Sandpoint ID 83864	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
 Name and address for this acknowledged copy is (if other than # 4 above). 	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE 12/01/1997 09:00 CX: NO CX # CT: 90455 BH: 59417
Signature: /alcb//de/	CX: NO CX # CT: 90455 BH: 59417
Printed Name: Caleb Carlson	I
Capacity: sole proprietor	D 10128
(see instruction # 8 on back of form)	i de