

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE



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.

01 JAN -2 AM
SECRETARY OF STATE
STATE OF IDAHO

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

Holverson Drywall

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 | Complete Address |
|-------------------------|------------------------|
| <u>Kurt Holverson</u> | <u>951 Bannock Ave</u> |
| <u>Jolene Holverson</u> | <u>" " "</u> |
| _____ | _____ |

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): _____

Kurt Holverson
951 Bannock Ave
IF Idaho 83402

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

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

Secretary of State use only
IDAHO SECRETARY OF STATE

01/02/2001 09:00
CK: 2802 CT: 140241 BH: 370007

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Kurt J. Holverson

Printed Name: KURT J. HOLVERSON

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97

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