Capacity: Sole Proprie

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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: McMahau DRYWALL 2. The true name(s) and business address(es) of the entity or individual doing business under the assumed business name is/are: Complete Address Name McMahan 14400 W. MEADOW CREEK DR Boise ED 83213 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: McMahan Prywall Submit Certificate of Assumed Business Name and \$20.00 fee to: Boise ID Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODV IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 LCV Mc Maha 208 334-2301 100 W. MEADOW CREEK JOHOLSECRETORN COTS STATE 1 @ 28.06 = 28.00 ASSUM NAME # 2 Printed Name: