

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

11 APR 28 AM 8: 30

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the business is:	undersigned use(s) in the transaction of
Res	storation Pro
2. The true name(s) and <u>business</u> address(business under the assumed business name) Name Everest Builders, LLC W90955	• • • •
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	sion and Public Utilities on Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Restoration Pro PO Box 867 Donnelly, ID 83615	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
gnature: 1	. Secretary of State use only
nted Name: Beau Value	_
pacity/Title: Manager	_
nature:	- APPROPRIATE OF CTOTE
nted Name:pacity/Title:	IDAHO SECRETARY OF STATE 94/28/2011 95:99 CK: 664366 CT: 172099 BH: 1271260 1 0 25.00 = 25.00 ASSUM NAME #