CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed E Please type or print legibly. NOTE: See instructions on reverse befor 1. The assumed business name which the un- business is:	NAME he undersign business Name re filling.	ned me. 2003 NOV 20 AM 8: 50
Select Interiors 2. The true name(s) and business address(es business under the assumed business name Name Sorrelle Construction Inc. C 147710	ne:	ntity or individual(s) doing Complete Address 1059 Hayden, 1D. 83835
 3. The general type of business transacted us X Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>Select Interiors</u> P.O. Box 1059 Hayden, ID. 83835 	n and Pub	
5. Name and address for this acknowledgm copy is (if other than #4 above):	ient	Phone number (optional): 208-664-1102
······································		Secretary of State use only
Signature: <u>Surg</u> Source (signature required) Printed Name: <u>Greg Sorrelle</u> Capacity/Title: <u>President</u> (see instruction # 8 on back of form)	g.toorplormstatin formstatin.p65 Reviewd 042003	070763

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IDAHO SECRETARY OF STATE 11/20/2003 05:00 CK: 2111 CT: 173281 BH: 712669 1 & 25.00 = 25.00 ASSUM NAME # 2 .