



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**FILED EFFECTIVE**

2007 JAN -8 PM 12:52

SECRETARY OF STATE  
STATE OF IDAHO

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

Big Mountain Insulation

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| Name                 | Complete Address                   |
|----------------------|------------------------------------|
| <u>Brad Johnston</u> | <u>710 Wild Rose Dr.</u>           |
| <u>Jill Johnston</u> | <u>Victor, Idaho 83455</u>         |
|                      | <u>PO Box 68, Driggs, Id 83422</u> |

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

Big Mountain Insulation  
PO Box 68  
Driggs, Id. 83422

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208-787-6630

Secretary of State use only

Signature: Brad M Johnston  
(signature required)

Printed Name: Brad M Johnston

Capacity/Title: owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
01/08/2007 05:00  
CK: NO CK # CT: 158818 BH: 1024623  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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