CERTIFICATE OF

ELEO EFFECTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned Color 21, 13, 9:13

(see instruction # 8 on back of form)

Please type or print legibly. NOTE: See instructions on reverse befo	ore filing.
The assumed business name which the unbusiness is: Lake City Exten	
2. The true name(s) and business address(es business under the assumed business name Name David Sawicki	s) of the entity or individual(s) doing
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Lake City Exteriors 3308 PINELIL PLACE LOBUT D' Alene, To. 83815	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	Phone number (optional): (20) 164 - 0895
	Secretary of State use only
Signature: (signature required) Printed Name: David Sawicki Capacity/Title: OWNER	IDAHO SECRETARY OF STATE 10/24/2005 05:00 CK: 2314 CT: 158810 BH: 918357

CK: 2314 CT: 158010 BH: 918357 1 0 25.00 = 25.00 ASSUM NAME # 2

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