

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on back of form.)

FILED/EFFECTIVE



SECRETARY OF STATE
STATE OF IDAHO
00 MAR 24 AM 9:47

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 of

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

Solid Surface Solutions

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

<u>Mike Lavigne</u>	<u>Name</u>	<u>288 Trotter Dr Twin Falls</u>	<u>Complete Address</u>
			<u>83301</u>

3. The general type of business transacted under the assumed business name is. (mark only those that apply)

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

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

Mike Lavigne
288 Trotter Dr.
Twin Falls ID. 83301

Phone number (optional) 734-0596 p+f

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

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0060
208 334-2301

Secretary of State use only

Signature: [Signature]

Printed Name: mike Lavigne

Capacity: owner

(see instruction # 3 on back of form)

Revised 2007

IDAHO SECRETARY OF STATE
03/24/2000 09:00
CX: 1046 CT: 126739 BH: 392326

1 @ 20.00 = 20.00 ASSUM NAME # 2

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