Capacity/Title:\_

OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF

## ASSUMED BUSINESS NAME

237	
CERTIFICATE OF  ASSUMED BUSINESS NA  Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Busines  Please type or print legibly.  NOTE: See instructions on reverse before filing	ersigned as Name.
The assumed business name which the undersige business is:      SIDING	
2. The true name(s) and business address(es) of th business under the assumed business name:  Name  Robert T Correspond 500	e entity or individual(s) doing  Complete Address  S 1 SNOW POCATEUR  S 83204
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  504 S LINCOLN POLATRILO	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional);  208-380-9185  Secretary of State use only
Signature: Signature required)  Printed Name: ROBERT T CORRTAK TO A	IDAHO SECRETARY OF STATE

Ø3/26/2008 Ø5:00 CK: 1034 CT: 224186 BH: 1106633 1 8 25.00 = 25.00 ASSUM NAME # 2

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