



# 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

09 JAN 26 AM 9:13

SECRETARY OF STATE  
STATE OF IDAHO

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

SPECKERT'S WOODWORKING & DOOR CO.

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            |
|---------------|-----------------------------|
| IVO SPECKERT  | 3424 E 3700 N, KIMBERLY, ID |
| LORI SPECKERT | 3424 E 3700 N, KIMBERLY, ID |
|               |                             |
|               |                             |

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:

IVO SPECKERT  
3424 E 3700 N, KIMBERLY, ID

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

IVO SPECKERT  
3424 E 3700 N, KIMBERLY, ID

Secretary of State use only

Signature: Lori Speckert (Signature required)

Printed Name: LORI SPECKERT

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

01/26/2009 05:00  
CK: 3567 CT: 158810 BH: 1154019  
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