S

Capacity/Title: Owner

(see instruction # 8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

07 FEB 23 PH 1: 37

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF DAHO

The assumed business name which the under business is: CDL's Installers Plus	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Christopher D. Lewis	
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
 ✓ Wholesale Trade ✓ Construction ✓ Services ☐ Agriculture ✓ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Same As Above	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Phone number (optional): 208-794-6297
	Secretary of State use only
ignature: Chistopher & Dewis rinted Name: Christopher D. Lewis apacity/Title: Owner	IDAHO SECRETARY OF STATE 102/23/2007 05:00 CK: 1062429 CT: 172099 BH: 1035558 1 0 25.00 = 25.00 ASSUM NAME # 2