

FILED EFFECT



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 JUN 28 P 2:06

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Cornerstone Building Services

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

<u>Name</u>	<u>Complete Address</u>
<u>Angela Bereczky</u>	<u>P.O. Box 47 LAPWAI, ID 83540</u>
<u>JOHN DOYLE</u>	<u></u>
<u></u>	<u></u>

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 | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Cornerstone Building Services
P.O. Box 47
LAPWAI, IDAHO 83540

Phone number (optional):

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

Signature: John Doyle
(signature required)

Printed Name: John Doyle

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

077741

IDAHO SECRETARY OF STATE
06/28/2004 05:00
CK: 62828838587KAH CT: 172899 BH: 752827
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\coop\forms\labn_forn\labn.p65 Revised 04/2003