



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
2006 MAY -4 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

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

Fox Roofing

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

Heath Fox

PO Box 163 425 maple st. Ferdinand ID

Jeff Fox

PO Box 163 425 maple st. Ferdinand ID 83526

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:

Heath Fox

PO Box 163

Ferdinand, ID 83526

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

Phone number (optional):

208-962-7187

Secretary of State use only

099481

IDAHO SECRETARY OF STATE
05/04/2006 05:00
CK: 1455 CT: 158818 BH: 952805
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Heath Fox

(signature required)

Printed Name: Heath Fox

Capacity/Title: Auth. Representative / PARTNER

(see instruction # 8 on back of form)