CERTIFICATE OF ASSUMED [(Please type or print legibly. See instru	BUSINESS NAME (LIVE)
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume	de, the undersigned 30 /11 7:39 ded Bysiness Name.
The assumed business name which the usiness is: Skeen Remodeling	indersigned use(s) in the transaction of
2. The true name(s) and business address(e business under the assumed business na Name A. Dale and Karen Skeen	me is/are: <u>Complete Address</u>
	83318
The general type of business transacted u (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
 The name and address to which future properties of the correspondence should be addressed: A. Dale Skeen 	Phone number (optional):
208 S. 13 W.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
,	Secretary of State use only
Signature: A wall Skeen Printed Name: A. Dale Skeen Capacity: Manager (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 97/30/2004 05:00 CK: 9284 CT: 158010 BH: 758297 1 9 25.00 = 25.00 ASSUM NAME # 2

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