



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EXECUTIVE

02 AUG -6 PM 4: 08

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

FLYING V CUSTOM SIDING

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
<u>Roba D. Vaughan</u>	<u>PO Box 814; Hinston Rd. 83628</u>
<u>CHARLES Hamilton</u>	<u>PO Box 312; 502 W. Montana Ave</u>
	<u>Homedale, ID 83628</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 | |

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

P.O. BOX 312
Homedale ID 83628

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

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

Phone number (optional):

Signature: Roba D. Vaughan

(signature required)

Printed Name: Roba D. Vaughan

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
08/07/2002 05:00
CK: 723 CT: 158018 BH: 481326
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 57140