

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

GATEWAY CABINETS

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

Name

Complete Address

DOUG WATSON

PO BOX 1754 , BONNERS FERRY, ID 83805

ROBIN WATSON

SAME

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

GATEWAY CABINETS

DOUG OR ROBIN WATSON

PO BOX 1754

BONNERS FERRY, ID 83805

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

PANHANDLE STATE BANK

PO BOX 1479

BONNERS FERRY, ID 83805

Signature: _____

Printed Name: ROBIN WATSON

Capacity: OWNER

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

02/12/1999 09:00
CK: 6828 CT: 111036 BH: 187534

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/87

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SECRETARY OF STATE
STATE OF IDAHO