

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

64 DEC 15 PM 12: 43

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRET OF STATE STATE OF IDAHO

| . The assumed business name which the under business is: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RJS Window | VO V B V I I I |
| The true name(s) and <u>business</u> address(es) business under the assumed business name | of the entity or individual(s) doing |
| <u>Name</u> | Complete Address |
| Richard S Jordan | 5648 Drawbridge Dr. |
| | BOIN ED |
| | 83703 |
| Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed: | 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 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | nt Phone number (optional): |
| | Secretary of State use only |
| nature: | DAUDE SECRETARY OF STATE 12/15/2004 05: 6 CK: 2979 CT: 158010 BH: 781 1 2 25.00 = 25.00 ASSUM MAN |