

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

05 NOV 21 PH 4: 18

FII FH HETTI TOWN

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

SECRETATE OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned business is:	ed use(s) in the transaction of
Sman Builders	* Siding
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Lucy Lucy En	entity or individual(s) doing Complete Address 2324 U. A. AVC MORTH Idaho
83	617
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Same as Abaca	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 398-8484
	Secretary of State use only
gnature: A Caul Smith Sg unature: 2	

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IDAHO SECRETARY OF STATE
11/22/2005 05:00
CK: CASH CT: 158010 BH: 923356
1 0 25.00 = 25.00 ASSUM NAME # 2

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