



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

02 FEB 19 AM 10:10

STATE OF IDAHO

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

SANDPOINT TAPING AND DRYWALL

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

STEVE SCHWERMA
SHANE CARNEGIE

PO Box 197 SAGE ID 83860
752 MUSKRAT LAKE RD SAGE ID 83860

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:

SANDPOINT TAPING & DRYWALL
4200 MCGEE RD BUILDING 7
SANDPOINT, ID 83860

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):

DAY PHONE
208-265-4005

Signature: Steve Schwerma

Printed Name: STEVE SCHWERMA

Capacity/Title: OWNER / PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
02/19/2002 05:00
CK: 29208 CT: 157465 BH: 447015
1 @ 20.00 = 20.00 ASSUM NAME # 2

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