

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

OL JUN-2 PM 4: 10 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undersigne business is: Reseigh Custon Home Design	d use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name: Name	entity or individual(s) doing Complete Address ਹ <i>ωਵੁਤੁਸ ਸਿਵਸਕਾਵ ST</i> . ਫ਼ਰਗਤਵ ਸਹ 837ਵਪ
3. The general type of business transacted under the Retail Trade Transportation and Putholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	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): (208) 378 - 7595
	Secretary of State use only
Signature: (signaphre required) Printed Name: ONN RESEIGH Capacity/Title: ONSER / ARCHITECT	IDAHO SECRETARY OF STATE 96/02/2004 95:00 CK: 4338 CT: 158810 BH: 748353 CK: 4338 CT: 158810 BH: 748353

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