



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIV

06 MAR -9 PM 12: 47

SECRETARY 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 use(s) in the transaction of business is:

Superior Plus Siding

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

Name

Isaiah Leal

Complete Address

1008 8th Ave. S

Nampa, Id 83651

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input checked="" 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:

Isaiah Leal
1008 8th Ave. S - Nampa, Id
83651

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):

Phone number (optional):

284-3754

Secretary of State use only

1097372

IDaho SECRETARY OF STATE
03/09/2006 05:00
CK: CASH CT: 158010 BH: 942288
1 # 25.00 = 25.00 ASSUM NAME # 2

Signature: Isaiah Leal
(signature required)

Printed Name: Isaiah Leal

Capacity/Title: Owner

(see instruction # 8 on back of form)