



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 AUG 23 PM 12:43

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

FIRST CHOICE PLUMBING

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

RAY LAUDERMILK

835 N SHANNON LN POST FALLS, ID 83854

CARLA LAUDERMILK

835 N SHANNON LN POST FALLS, ID 83854

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 checked="" type="checkbox"/> Wholesale Trade | <input 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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

RAY OR CARLA LAUDERMILK

835 N SHANNON LN

POST FALLS, ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: *Ray Lauder*

Printed Name: RAY LAUDERMILK

Capacity/Title: OWNER

Signature: *Carla Lauder*

Printed Name: CARLA LAUDERMILK

Capacity/Title: OWNER

Secretary of State use only

0141576

IDAHO SECRETARY OF STATE
08/24/2010 05:00
CK: 548846 CT: 158010 BH: 1235972
1 @ 25.00 = 25.00 ASSUM NAME # 2