CERTIFICATE OF ASSUMED BUSINESS NAMED (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name:		
	he assumed business name which the unusiness is: Superior Stucco	* · · · · · · · · · · · · · · · · · · ·
	he true name(s) and business address(e usiness under the assumed business nar Name	
	ZvidJ. Oren	8862 Wichita Dr. Boise, Id. 83709
3. T	he general type of business transacted u (mark only those that apply)	under the assumed business name is:
	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
C	he name and address to which future Forrespondence should be addressed:	Phone number (optional): 708-376-360-5
<u>2</u>	Poise Id. 83709	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	ame and address for this acknowledgme. Opy is (if other than # 4 above):	Secretary of State 700 West Jefferson Ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<u></u>		Secretary of State use only 100HO SECRETARY OF STATE
– natu <u>ré</u>	Jal Jenn	11/15/1999 69:00 CX: 2809273513 CT: 122967 BH: 266244
	ame: David Oren	1 @ 20.00 = 20.00 ASSUM NAME # 2

Sig

Prir

Capacity: Sole Proprietorship

(see instruction # 8 on back of form)

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