



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
2003 FEB 20 AM 9:13
SECRETARY OF STATE
STATE OF IDAHO

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

The Drywall Masters

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

Quarry L Peacock

2080 Stagecoach Dr Post Falls, ID. 83854

Louis T. Link

6007 N. 17th St Dalton Gardens, ID. 83815

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:

The Drywall Masters

2080 Stagecoach Dr. Postfalls, ID. 83854

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):

208-777-2624

Signature: Louis T. Link (signature required)

Printed Name: Louis T. Link / Quarry Peacock

Capacity/Title: OWNER / OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
02/20/2003 05:00
CK: 1624 CT: 150010 BH: 664024
1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revised 09/2002

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