

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

FILED EFFECTIVE

2017 FEB -3 PM 4: 09

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name HI - Pro Window	which the undersign	ned use(s) in the transaction of business is:
2. The individual and/or entity notine assumed business name (Name) (Name) (Name)	e (do <u>not</u> include the nam	address(es) of those doing business under le you listed in #1): Solemu St. #C Boise FD 83705
 3. The general type of business Retail Trade Wholesale Trade Services 4. Mailing address for future con 	Construction Agriculture Manufacturing	e assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment copy is (if other than # 4):
(Name) 2507W Kortra: 8+ (Address) 5018e II) (City) (Sta	Apt. C 83765 (Zipcode)	(Name) (Address) (City) (State) (Zipcode)
Printed Name: Wichog Jo	M	Secretary of State use only
Signature:		
Printed Name:		IDAHO SECRETARY OF STATE
Signature:		02/03/2017 05:00 CK:12855940 CT:172099 BH:1567371
Printed Name:		16 25.00 = 25.00 ASSUM NAME #2
Signature:		D191936

Rev. 08/2015