

Capacity/Title: _ <u ---

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

10 AUG 30 AM 9: 31

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the und business is: 	lersigned use(s) in the transaction of
Turnkey Log Homes	3
2. The true name(s) and business address(es) business under the assumed business name Name Richard Ruham Allia Districts Allia Districts	e: Complete Address POBOX 511 RIVE I d 83443
- SOME POPPAGA	FOBOR STI Ringe 12 R3443
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Solic Polynoma Po Box 511 Ricie 10 83443	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):
-D	Secretary of State use only
ignature: (signature required)	abn formstabn p65

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IDAHO SECRETARY OF STATE

08/30/2010 05:00

CK: 1011 CT: 158010 8H: 1236741
1 9 25.00 = 25.00 ASSUM NAME # 2

