

227



# 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

2004 APR 27 AM 8:54

STATE OF IDAHO

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

CUSTOM LUMBER

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

MICHAEL R LAMB

PO. BOX 83278

CHARLES E CAMPBELL

HC 67 BOX 308 Stanley ID 83278

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input checked="" 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 checked="" 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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

MIKE LAMB

PO. Box 63

STANLEY, ID 83278

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

Phone number (optional):

Secretary of State use only

Signature: [Signature]

(signature required)

Printed Name: MICHAEL R. LAMB

Capacity/Title: CEO

(see instruction # A on back of form)

2-1000 Certificate of Assumed Business Name  
Rev. 10/1/2000

IDAHO SECRETARY OF STATE  
04/27/2004 05:00  
CK: 1896 CT: 150010 BH: 741635  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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