41			
OT BEAD	CERTIFICATE OF	;	FILED EFFECTIVE
ASSUMED BUSINESS NAME			
Pursuant to Section 53-504, Idaho Code, the undersigned 18 AH 9: 19 submits for filing a certificate of Assumed Business Name.			
<u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing: STATE OF IDAHO STATE OF IDAHO			
1. The assumed business name which the undersigned use(s) in the transaction of			
business is:			
I raditional Timberframes			
2. The true name(s) and business address(es) of the entity or individual(s) doing			
business under the assumed business name:			
	Name	0	Complete Address
<u></u>	incent L. Himes	288	5 Jessica CT
		Post	Falls, ID
·		_/3	854
3. The general type of business transacted under the assumed business name is:			
The second Dublic Hilitian			
Retail Trade Iransportation and Public Offitties Wholesale Trade Construction			
	Services Agriculture		Submit Certificate of
	Manufacturing		Assumed Business
	Finance, Insurance, and Real Estate)	Name and \$25.00 fee to:
	name and address to which future		Secretary of State
	espondence should be addressed:		700 West Jefferson
	2885 Jessica Ct		Basement West PO Box 83720
	Post Falls, 1D		Boise ID 83720-0080
	83854		208 334-2301
-	Ime and address for this acknowledgm DV is (if other than # 4 above):	ient	(406) 531-2533
0	\mathbf{y} is (in other than $\mathbf{*} + \mathbf{above}$).		(406) 331-2355
—			Secretary of State use only
		bn.p65	
Signature:	(stanature required)	forms\z	IDANO SECRETARY OF STATE
Printed Na	ame: Vincert L. Himes	forms\abn forms\ Revised 04/2003	CK: 366 CT: 15610 BH: 966917
Capacity/	6	gʻtcorptformstabn formstabn.p65 Revised 04/2003	1 E CJ.00 - CJ.00 HODUN NWWE # C
	(see instruction # 8 on back of form)	ð, öð	N 9-799
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