

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

03 APR -1 AM 8: 53

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undousiness is: A + M Windows and (a)	ersigned use(s) in the transaction of
	of the entity or individual(s) doing Complete Address HISS West Bunkerhill Ct. Bolse, Id 8371. 1412 W. Iduky, #110 Bolse, ID 83702
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Kevin L. Adams H188 West Bunkerhill Ct. Bolise, TD 83713	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
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
Signature: (signature required) Printed Name: Novin L. Adams Capacity/Title:	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE O4/01/2003 05:00 CK: 4860 CT: 150010 BH: 672095 1 2 20.00 = 20.00 ASSUM NAME # 2