

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.

(see instruction # 8 on back of form)

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SECRETARY OF STATE STATE OF IDAHO

| The assumed business name which the unbusiness is: | dersigned use(s) in the transaction of | |
|--|--|--|
| Dryline Restoration Inc. | | |
| 2. The true name(s) and business address(est business under the assumed business name Name Dry/ine Inc. (C.19.24003) | ne: Complete Address P.o. Box 395 | |
| <u> </u> | Spirit Lake ID 83869 | |
| 3. The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future | Submit Certificate of Assumed Business Name and \$25.00 fee to: | |
| correspondence should be addressed: | PO Box 83720 Boise ID 83720-0080 | |
| P.O.Box 395 Spirit Lake ID 83869 | (208) 334-2301 | |
| 5. Name and address for this acknowledgme copy is (if other than # 4 above): | ent | |
| | Secretary of State use only | <u> </u> |
| ignature: Da M. Mallay | ormskehn.p85 | |
| rinted Name: David M Malloy capacity/Title: Sec / Treasurer | ### IDAHO SECRETAL PROPERTY IDAHO SECRETAL | RY OF STATE 19 05:06 14 BH: 116846 8 ASSUM NAME |

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