

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

10 JUL 27 AM 8: 13

submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

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THE C	DOOR GUY
2. The true name(s) and <u>business</u> address(e business under the assumed business name  Name  HARDWARE SOLUTIONS, INC  (C117948)	es) of the entity or individual(s) doing ame: <u>Complete Address</u> 7107 N. SPRINGCREST PL, MERIDIAN ID 83646
☐ Wholesale Trade ☐ Construction☐ Services ☐ Agriculture☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed:  HARDWARE SOLUTIONS, INC  7107 N. SPRINGCREST PL  MERIDIAN ID 83646	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
	Secretary of State use only
ignature:	<u>12</u>
rinted Name:	_
Capacity/Title:	IDAHO SECRETARY OF S
Signature: Printed Name:	O7/27/2010 0  CK: 1599 CT: 249935 BH: 1 @ 25.60 = 25.66ASSUM

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