

Capacity/Title:\_\_\_\_\_

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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SECULTION OF STATE STATE OF IDAHO

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

The assumed business name which the undersigned use(s) in the transaction of business is:	
Partition Specialties	
The true name(s) and business address(es) business under the assumed business name     Name     FH2, LLC	of the entity or individual(s) doing E: Complete Address 1315 N. Meridian Rd., Meridian, ID 83642
W 36656	
3. The general type of business transacted und	der the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> <li>Coleen M. Schaub</li> </ol>	Secretary of State 700 West Jefferson Basement West PO Box 83720
1315 N. Meridian Rd.	Boise ID 83720-0080 208 334-2301
Meridian, ID 83642	200 001 200
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above).</li> </ol>	ent Phone number (optional):  (208) 343-3434
Melanie Rubocki, Perkins Coie LLP	Secretary of State use only
251 East Front St., Ste. 400	Secretary of State and Striny
Signature: Olew Markette  Printed Name: Coleen M. Schaub  Manager	IDAHO SECRETARY OF STATE  ### Page 10
Canacity/Title: Manager	אַר בער פס ביים ביים אינים ביים אינים ביים ביים ביים ביים ביים ביים ביים

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