CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on legitise.)

COE STATE, STATE OF IDAHO

Code the undersigned

|     | gives notice of adoption of an Assumed Business Name.   |  |  |
|-----|---|--|--|
| 1.  | The assumed business name which the undersigned use(s) in the 作神多agton of business is:  |  |  |
|     |   | CTATE OF TO STATE                      |  |
|     | Specialized Millwork  | STATE OF TUAHO                         |  |
| _   |   |  |  |
| 2.  | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: |  |  |
|     |   |  |  |
|     | Marc Robinson 237 E   | npiete Address<br>근 역 7 / 추 \          |  |
|     |   |  |  |
|     | Rexburg, ID 83440   |  |  |
|     |   |  |  |
|     |   |  |  |
| 3.  | The general type of business transacted under the assumed business name is: (mark only those that apply)                        |  |  |
|     | N Patril Tanda  |  |  |
|     |   | Insportation and Public Utilities      |  |
|     |   | ance, Insurance, and Real Estate       |  |
|     | ☐ Services ☐ Construction ☐ Mir   | ning                                   |  |
| 4.  | he name and address to which future Phone number (optional): <u>でんっろくらっちて</u> の7  |  |  |
|     | correspondence should be addressed:   | ()                                     |  |
|     | Marc Robinson   |  |  |
|     | · ··· <del>·</del>  | Submit Certificate of Assumed Business |  |
|     | 237 E 2 2 N #1  | Name and \$20.00 fee to:               |  |
|     | Pexbus ID 83440   |  |  |
|     | 1ex 000 1 2 63:10   | Secretary of State                     |  |
| 5.  | Name and address for this acknowledgment  | 700 West Jefferson Basement West       |  |
|     | COPY is (if other than # 4 above):  | PO Box 83720                           |  |
|     | • •   | Boise ID 83720-0080                    |  |
|     |   | 208 334-2301                           |  |
|     |   | Secretary of State use only            |  |
|     |   |  |  |
|     | 1DAHO SECRETARY OF STATE  91/05/2001 09:00  CK: NO CK # CT: 148446 BH: 370993   |  |  |
| t · | CK: NO CK # CT: 14846 BH: 378993  |  |  |

Signature: ///a

Printed Name:

Capacity:

(see instruction # 8 on back of form)

1 0 20.00 = 26.06 ASSUM NAME # 2 D41588