CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, 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 transaction be business is:	
Mansion's Contr	ractors
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Shawn J. Smithson	Complete Address 302-W 4th St. #46
	Post Falls, Id. 83854
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Wholesale Trade Agric	ufacturing
4. The name and address to which future Phone number (optional) (208) 457-8936 correspondence should be addressed:	
Same as abore	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknow copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Pledgment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: Mr. = 4	IDAHO SECRETARY OF STATE 10/10/2000 09:00 CK: 127173334 CT: 136999 BH: 353446
Printed Name: 54 Aun J. Smiths	1 9 28.80 = 20.88 ASSUM HAME # 2
Capacity: KESident	D2655D

(see instruction # 8 on back of form)

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