Capacity:

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(see instruction # 8 on back of form)

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 3 29 PM 199 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: IDAHO WINDOW) PRODUCTS 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 6901 W-THMARINDO Jeh Boise 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Agriculture Wholesale Trade Construction Mining Services 4. The name and address to which future Phone number (optional): 867-4348 correspondence should be addressed: Submit Certificate of Assumed Business amarinos t Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 10/29/1999 09:00 CK: 4796 CT: 122371 BH: 262137 Signature: 1 8 20.00 = 20.00 ASSUM NAME # 2 Printed Name: