

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

SIATE OF IDAMATE

Mountaintop B	Blind Services	
The true name(s) and business address(es) business under the assumed business name Name Carland Bay Associates, Inc.	Complete Address 1115 Staghorn Ridge Rd, Harrison, ID 83833	
C 150538 3. The general type of business transacted und	ু চ ু ু ু ু ু ু ু ু ু ু ু ু ু ু	PECTIVE
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Mountaintop Blind Services 1115 Staghorn Ridge Rd. Harrison, ID 83833 5. Name and address for this acknowledgment copy is (if other than # 4 above):		m
Carland Bay Associates, Inc. 1115 Staghorn Ridge Rd. Harrison, ID 83833 nature: Albert Willer (eignsture required) nted Name: Debvie Wilson pacity/Title: President	Secretary of State use only Secretary of State use only Secretary of State use only SECRETARY OF STATE OF ST	E 60

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