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

gives notice o	of adoption of an A	ssumed Busi	ness Name.
The assumed business business is:	name which the un	dersigned us	e(s) in the transaction of STATE
	All City Roof:	ino	ATT UT WAHO
	HII GILY ROOT	riig	
The true name(s) and business under the assurement Name	med business nan	ne is/are: <u>Co</u> i	mplete Address
Fred Bowser		9189 Hells G	ulch Road, St. Maries Id 83
The general type of busi (mark only those that apply)	ness transacted ur	nder the assu	med business name is:
Retail Trade Wholesale Trade Services	Manufacturing Agriculture Construction	Fin	ansportation and Public Utilities ance, Insurance, and Real Est
4. The name and address to correspondence should		hone numbe	r (optional):
9189 Hells Gulch Rd St. Maries, ID 838	61		Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5. Name and address for the copy is (if other than # 4 above):		nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
US Bank Attn: Joanna			208 334-2301
PO Box 460			
		_	Secretary of State use only
St. Maries ID 8386	1	A) noi	•
nature: 4 Bac		<u>.</u>	. '
ted Name: Fred Bowser pacity:		definition of the second of th	
(see instruction # 8 on back	of form)	g:toapMom	IDAHO SECRETARY OF STATE
		-	05/12/2003 05:0 CK: 513510616 CT: 169615 BH: 6 1 0 25.00 = 25.00 ASSUM NAM

D65314