

CERTIFICATE OF

Pursuant to Section 53-504, Idaho Code, the undersigned B FEB 11 AM 9: 31 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

TE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.

. The assumed business name which the und business is: Comstock Cabinetry	ersigned dae(a) in the named and
The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing e: Complete Address PD Box 91 DIXIC TD 83525
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Gry Mehaffey Po Box 91	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	
gnature:	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 2/11/2004 05:0 CK: 1136 CT: 158618 BH: 16989: 1 8 25.88 = 25.88 ASSUM MANE

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