



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

04 SEP 27 AM 10:41

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

D & H DryWall

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| <u>Name</u>         | <u>Complete Address</u>                                       |
|---------------------|---|
| <u>David Harrod</u> | <u>835 N<sup>th</sup> 28<sup>th</sup> St. Boise, ID 83702</u> |
| <u>Dusty Howard</u> | <u>Same as above</u>  |

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

David Harrod  
835 N<sup>th</sup> 28<sup>th</sup> St.  
Boise, ID. 83702

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 703-7727

Secretary of State use only

Signature: David Harrod  
(signature required)

Printed Name: David Harrod

Capacity/Title: Partner ship

(see instruction # 8 on back of form)

g:\corplforms\abn forms\abn.p65  
Revised 04/2003

D80410  
IDAHO SECRETARY OF STATE  
09/27/2004 05:00  
CK: CASH CT: 150010 BH: 768127  
1 @ 25.00 = 25.00 ASSUM NAME # 2