27	FILED EFFECTI
CERTIFICATE OF	
ASSUMED BUSINESS NA	ME
Pursuant to Section 53-504, Idaho Code, the und	lersigned oner NOV 17 AM 8: 43
submits for filing a certificate of Assumed Busines	ss Name. Zuud NOV 17 Alt O YO
Please type or print legibly. NOTE: See instructions on reverse before filir	ng. SECRETARY OF STATE
	STATE OF IDAHO
1. The assumed business name which the undersig	ned use(s) in the transaction of
business is:	
Harrington Roc	ofing
2. The true name(s) and business address(es) of th	ae entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Matthew Harrington 34	401 Angie Circle, Coeur d'Alene, ID 83815
3. The general type of business transacted under th	a assumed business name is:
	ie assumed pusitiess flattle is.
Retail Trade Transportation and	Public Utilities
Wholesale Trade 🗹 Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Harrington Roofing	Basement West PO Box 83720
	Boise ID 83720-0080
3401 Angie Circle Coeur d'Alene, ID 83815	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	208-818-3095
	Secretary of State use only
Signature: MATA	
(signature required)	
Signature: Manual (signature required) Printed Name: Matthew Harrington Capacity/Title: Owner	
Capacity/Title:Owner	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	11/17/2006 05:00 CK: 5341 CT: 206587 BH: 1014258 CK: 5341 CT: 206587 BH: 1014258
	1 @ 25.00 = 25.00 ASSUM MANE # 2
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