

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME 34

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

SECRETARY OF STATE
STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

COMMERCIAL CABINETS

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

NameComplete AddressDAVE LAWRENCE1526 Bel Air circle, Twin Falls,
ID, 83301TRACY RUE1151 Twin Parks Dr., Twin Falls,
ID, 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Tracy Rue1151 Twin Parks Dr.Twin Falls, ID 83301

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

12/13/1997 09:00
CR: 3632 CT: 91441 DR: 65554
Secretary of State use only
1 @ 20.00 = 20.00 ASSUM NAME

Signature: Tracy RuePrinted Name: TRACY L. RUECapacity: PARTNER

(see instruction # 8 on back of form)

Revision 2/97

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