Capacity: ___/

(see instruction # 8 on back of form)

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

ADV OF STATE STATE OF IDAHO



1 0 20.00 = 20.00 ASSUM MANE # 2

044202

Pursuant to Section 53-504, Idaho Code, gives notice of adoption of an Assumed E 1. The assumed business name which the under	the und regned SECRETARY DE STATE
business is: J.B. Siding Com	
2. The true name(s) and business address(es) business under the assumed business name Stave Meconnell 2 Robert Crume 2	of the entity or individual(s) doing e is/are: Complete Address 81 W. 4+h S+, Kun A. 70 · 83634 81 W. 4+h S+, Kun A 10 · 83634
T. The hame and address to the second	
Correspondence should be addressed: Rahart Crame 251 W 4 Th Kuna Idaha	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
 Name and address for this acknowledgmen copy is (if other than # 4 above): 	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301,
	Secretary of State use only
Signature: Robert Crame	IDAHO SECRETARY OF STATE 94/05/2001 09:00 CK: 2342 CT: 144656 BH: 389384