

Printed Name: Greu

(see instruction # 8 on back of form)

Capacity/Title: ()

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2004 OCT 15 AH 9: 30

STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is:		
Complete	Home Repair S	pecualists
2. The true name(s) and b business under the assu Name	umed business name:	centity or individual(s) doing Complete Address
	<u>CD</u>	E.Wallace Ave. 4 (D83814
3. The general type of business transacted under the assumed business name is:		
Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance	☐ Transportation and Pi☐ Construction☐ Agriculture☐ Mining☐ and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to correspondence should to Gregory A. S. 1005E. Walla Culur D'Alen		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for t copy is (if other than # 4 above) 	his acknowledgment	Phone number (optional): (208) WWY - 0829
- Amoral of	99 H	Secretary of State use only

g/corp/forms/abn forms/a Revised 04/2003

IDAHO SECRETARY OF STATE
10/15/2004 05:00
CK: 4226 CT: 158010 BH: 771286
1 0 25.00 = 25.00 ASSUM NAME # 2