

Printed Name: _ 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.

FILED EFFECTIVE

10 AUG -4 AM 8: 33

SECRE BARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

FAST	QUALITY PAINTING
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> JOSE JUAN MORENO	ss(es) of the entity or individual(s) doing s name: Complete Address 812 LITTLE VALLEY ST. NAMPA, ID 83687
<u> </u>	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed. JOSE JUAN MORENO 812 LITTLE VALLEY ST. NAMPA, ID 83687	I OCCICIALY OF OTALE
5. Name and address for this acknowledge copy is (if other than # 4 above):	yment
nature: <u>Jose J. Warene</u> nted Name: <u>Soze T. Movene</u> pacity/Title: <u>Owner / Manager</u>	Secretary of State use only

IDAHO SECRETARY OF STATE

@8/04/2010 @5:00

CK: 1412 CT: 242015 BH: 1233361
1 8 25.00 = 25.00 ASSUM NAME # 2

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bri.pmd Rev. 07/2010