CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Signature:

Printed Name: _

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

submits for filing a certificate of Assume	the undersigned d Business Name
Please type or print legibly.	23 (Valine)
NOTE: See instructions on reverse be	fore filing.
 The assumed business name which the u business is: 	Indersigned use(s) in the transaction of
	PT PAINTING
The true name(s) and business address(ex business under the assumed business nar Name	
HECTOR VALVERDE	Complete Address
	11827 W. HUCKLEBERRY DR
	NAMPA, ID 83651
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: HECTOR VALVERDE 11827 W HUCKLEBERRY DR NAMPA, ID 83605	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-713-2197
	Secretary of State use only
ture: Alexandre required) d Name: HECTOR VALVERDE	·

IDAHO SECRETARY OF STATE CK: 1869 CT: 158818 BH: 734919