	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. 10 MAY 28 AM 8: 43			
Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE			
NOTE: See instructions on reverse before filing. STATE OF IDAHO			
 The assumed business name which the undersigned use(s) in the transaction of business is: 			
Magical Touch Pressure Washing and Painting			
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address			
Joshua Eaton		419 E Sedgewick Dr. Meridian Id 83646	
Richard Coulson		419 E Sedgewick Dr. Meridian Id 83646	
 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Joshua Eaton & Richard Coulson 419 E Sedgewick Dr. Meridian Id 83646 			
 Name and address for this acknowledgmer copy is (if other than #4 above): 			
			Secretary of State use only
Signature: Signature: Printed Name: Capacity/Title: (see instruction # 8 on back of form)		g.toorpMorme/aebn formsfathrup65 Review104/2005	IDANO SECRETARY OF STATE 05/28/2010 05:00 CK: NO CK # CT: 248444 BH; 1224421 1 & 25.00 = 25.00 ASSUM WATE # 2
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