## 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.

JAN 21 PAI2: 01

## Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE STATE

The assumed business name which the un business is:		
AM PAINTING AND RE	1701E2	L/NG
2. The true name(s) and <u>business</u> address(es business under the assumed business name  Name  AMEL MUSTIC	ne: _ <i>54/5_,</i>	Complete Address  N. VERCELLI WAY
	MERID	1AN, 12 83642
3. The general type of business transacted under the latest late	n and Publ	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West PO Box 83720
Some		PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than #4 above):	nent	Phone number (optional):
sone		Secretary of State use only
	bn.p65	
nature: (signature required)	g¹\corp\forms\abn forms\abn p65 Revised 04/2003	IDANO SECRETARY OF STATE 01/21/2005 05:00 CK: 2390 CT: 158818 BH: 78858
nted Name: <u>AMEL MUSTIC</u>	rptformst. Revise	1 8 25.08 = 25.08 ASSUM WANTE
pacity/Title: <u>のいんど</u> (see instruction # 8 on back of form)	β.j.	980000