

Capacity/Title:

(see instruction # 8 on back of form)

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.

Please type or print legibly.

IOTE: See instructions on reverse before filing.

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NOTE: See instructions of reverse before ming.	SECRETARY OF STATE
1. The assumed business name which the undersigned	use(s) in the transaction of
husi <u>nėss i</u> s:	
Maintenance	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Joel Romines 102 I Joseph Caldina Endina 501000	Complete Address - Craives fon fri # 4
3. The general type of business transacted under the a	assumed business name is:
Retail Trade	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
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): (208) 921 – 4520
	Secretary of State use only
Signature: 1. P. Raminel. P. Solve De la Color Raminel Printed Name: 100 Raminel	IDAHO SECRETARY OF STATE 93/19/2007 05:00 CV. COSU CT. 158018 RH: 1840752

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