



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 SEP 28 AM 8:54

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Samuel's Framing

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
<u>Cervantes Luis Samuel</u>	<u>2036 N Allumbaugh</u>
	<u>Boise ID 83704</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

Samuel's Framing
2036 N Allumbaugh
Boise ID 83704

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):
(208) 514-7051

Signature: Samuel Cervantes
(signature required)

Printed Name: Luis Ray Samuel Cervantes

Capacity/Title: OWNER OWNER
(see instruction # 8 on back of form)

g:\compforms\labn_forms\labn_p65 Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
09/28/2005 05:00
CK: MO CK# CT: 158018 BH: 913962
1 @ 25.00 = 25.00 ASSUM NAME # 2

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