

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

09 NOV -2 AM 9: 34

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which business is:	h the undersigned use(s) in the transaction of
Integri-	ty Painting
The true name(s) and business add business under the assumed business.	dress(es) of the entity or individual(s) doing ess name:
Name	Complete Address
Don Judkus	PD 60x 142
	OVOTING SIGN OSSITT
* Street addre	10550 Hwy 12
3. The general type of business transa	acted under the assumed business name is:
Retail Trade Transp	portation and Public Utilities
	truction
	ulture Submit Certificate of
Manufacturing Mining	Name and \$25.00 fee to:
Finance, Insurance, and Real	II ESTATE
 The name and address to which fut correspondence should be address 	450 N 4th Street
P Total	ty Puntage Boise ID 83720-0080
PO BOX 70	(208) 334-2301
profinal	J 83544
5. Name and address for this acknow	wedament
COpy is (if other than #4 above).	
	Secretary of State use only
- Sould Jellins	4 10 10 10 10 10 10 10 10 10 10 10 10 10
signature: DON OJUJKIN	
(signature required)	AC GOVERNMENT OF STATE OF STAT
rinted Name: <u>Integrity Paintin</u>	