

## CERTIFICATE OF ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned 8 FEB -4 AH 9: 36 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

College Pro Painters of Idaho Falls	
The true name(s) and business address(es) business under the assumed business name  Name  Justin Carr	of the entity or individual(s) doing : Complete Address 1222 Freeman Ln. #149 Pocatello, ID 83201
	Todatolo, in control
☐ Wholesale Trade ☐ Construction	ler the assumed business name is:
<ul> <li>✓ Services</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Justin Carr	(208) 334-2301
1222 Freeman Ln. #149 Pocatello, ID 83201	
Name and address for this acknowledgme copy is (if other than # 4 above):	nt
	Secretary of State use only
ed Name Sustin Carr  Franchise Manager	SECRETARY C
ity/Title: Franchise Manager (see Instruction # 8 on back of form)	IDAHO SECRETAR 02/04/200 CK: 1867 CT: 1588