CE	RTIFICATE OF ASSUMED BU (Please type or print legibly	SINESS NAME ILED EFFECTIVE	
Т	To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned  gives notice of adoption of an Assumed Business Name Large 18		
1.	1. The assumed business name which the undersigned use(s) in the transaction of business is:		
	PARADISE CABINET	5	
2.	<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>		
	Name WALTER CNEU	Complete Address	
		NAPLES ID 83847	
3.	3. The general type of business transacted under the assumed business name is:		
		☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining	
4. The name and address to which future			
	correspondence should be addressed:	Submit Certificate of	
	HCR-01 BOX 312	Assumed Business Name and \$ <del>20.00</del> fee to: ⊷	
	NAPLES ID 83847	Secretary of State 700 West Jefferson	
<b>5</b> .	Name and address for this acknowledgment	Basement West	
	copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080	
		208 334-2301	
		Secretary of State use only	
Signature: 1 aft C 1/2			
Printed Name: <u>CVALTER C NEY</u>   IDAHO SECRETARY OF STATE   03/02/2005 05:00   CK: 1441 CT: 158910 BH: 796865			
Capacity: 000 FR 1 @ 25.00 = 25.00 ASSUM NAME # 2			
	(see instruction # 8 on back of form)	N toxaga	

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