2007 JUL 23 AH 8: 43



Signature:\_

Printed Name: KRAD

(see instruction # 8 on back of form)

Capacity: \_\_\_ () \∧

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filling.

		, · · · · · · · · · · · · · · · · · · ·
1.	The assumed business name which the undersigne business is:	7 2
	3 OAKS PAINTING & CU	STOM FINISHING ==
		g
2.	The true name(s) and business address(es) of the en	ntity or individual(s) doing   舌芸  っ
	business under the assumed business name:	A G
	Name	Complete Address
	3 OAKS PAINTING CUSTOM FINISHING	P.O. Box 1231
	Bradler Harrison	PARMA TD. 83660
	U. M.C. C. T.M. T. Z. C.	110.11,
3.	The general type of business transacted under the a	essumed business name is:
Ų.	The general type of business transactor and of the	addenied backiede iams is.
	Retail Trade Transportation and Put	olic Utilities
	Wholesale Trade Construction	
	Services Agriculture	
	Manufacturing Mining	Submit Certificate of Assumed Business
		Name and \$20.00 fee to:
	Finance, Insurance, and Real Estate	riamo ano saono les to.
4.	The name and address to which future	Secretary of State
	correspondence should be addressed:	700 West Jefferson
	2 pain Dai Harris To The	Basement West
	3 OAKS PAWTINGE CUSTOM FINISHING	PO Box 83720 Boise ID 8372C-CC8C
	P.O. BOX 1231	208 334-23C1
	PARMA. ID. 83660	200 00+ 200
_	<del></del>	Phone number (optional):
5.	Name and address for this acknowledgment	r none number (cp.)ordir.
	COpy is (if other tan # 4 above):	<del></del>
	30AKS PAINTING CUSTOM FINISHING	
	P.O. Box 1231	Secretary of State use only
	PARMA. ID. 83660	

1002/10

IDAHO SECRETARY OF STATE

10/24/2002 05:00

CK: 99680330995 CT: 158010 BH: 478760

1 0 20.00 = 20.00 ASSUM NAME # 2

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