

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 MAR -1 AM 8:37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

MASTERSON HOME REMODEL & REPAIR

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>WILLIAM F. MASTERSON</u>	<u>18449 VICEROY PL.</u>
<u>-</u>	<u>NAMPA ID. 83687</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 checked="" 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:
 CK # 1776
 Idaho Secretary of State
 450 N 4th Street
 PO Box 83720
 Boise ID 83720-0080
 (208) 334-2301

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

WILLIAM F. MASTERSON
18449 VICEROY PL.
NAMPA ID. 83687

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

SAME AS ABOVE

Signature: W.F. Masterson
(signature required)

Printed Name: WILLIAM F. MASTERSON

Capacity/Title: WILLIAM F. MASTERSON
(OWNER)
(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
03/01/2010 05:00
CK: 1776 CT: 245343 BH: 1210095
1 @ 25.00 = 25.00 ASSUM NAME # 2

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