

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

2017 MAR -6 AM 9: 24

| | | - | | | SECRETAGE | E OF STATE | |
|-------------------------------|--|--|--------|---|-----------------------------|------------------|--|
| 1. | SECRE ANY OF STATE STATE OF IDAHO The assumed business name which the undersigned use(s) in the transaction of business is: | | | | | | |
| | PAINT 'EM UP | | | | | | |
| | | | | | | | |
| 2. | The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1): | | | | | | |
| | LARCH F HEDMAN | HEDMAN 1991 E FOUNTAIN E | | | DR POST FALLS ID 83854-6055 | | |
| | (Name) (Address) | | | | N ID 20054 2055 | | |
| | (Name) | 1991 E FOUNTAIN DR POST FALLS ID 83854-6055 (Address) | | | | | |
| | (Name) | (Address) | | | | | |
| | (Name) | (Address) | | | | | |
| 3. | The general type of business transacted under the assumed business name is: | | | | | | |
| | Retail Trade | X Construction☐ Agriculture | | | oortation and Public t | Jtilities | |
| | | Manufacturir | ıg | Minin Financ | g ce, Insurance, and Re | eal Estate | |
| 4. | Mailing address for future correspondence: | | | Name and address for this acknowledgment copy is (if other than # 4): | | | |
| | LARCH F HEDMAN | | | | | | |
| | (Name) 1991 E FOUNTAIN DR | | (Name) | | | | |
| | (Address) POST FALLS 1D 83854-6055 | | | (Address) | | | |
| | | tate) (Zipcode) | | (City) | (State) | (Zipcode) | |
| Printed Name: LARCH F HEDMAN | | | | | Secretary of State use only | | |
| Signature: Soch Muham | | | | 1DAHO SECRETARY OF STATE 03/06/2017 05:00 | | | |
| Printed Name: KELCIE B HEDMAN | | | | CK:61092499 CT:335638 BH:1572184 10 25.00 = 25.00 ASSUM NAME #2 | | | |
| Się | gnature: <u>Helm B Helm</u> | | | | | | |
| Printed Name: | | | | D192610 | | | |

Rev. 08/2015