



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 filing.

11 NOV 22 PM 4:14

SECRETARY OF STATE
STATE OF IDAHO

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

A EXPERT PAINTING"

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>VILA ZUHDJA</u>	<u>9875 W. FLORENCE</u>
	<u>BOISE IDAHO</u>
	<u>83704</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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

9875 W. FLORENCE
BOISE ID 83704

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

9875 W. FLORE

Phone number (optional):

208/342-3938

Secretary of State use only

D82138

IDABO SECRETARY OF STATE
11/22/2004 05:00
CX: 11224136327XAH CT: 172099 BH: 778872
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Vila Zuhdja
(signature required)

Printed Name: VILA ZUHDJA

Capacity/Title:

(see instruction # 8 on back of form)