



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.

FILED EFFECTIVE

NOV 15 PM 1:47
SECRETARY OF STATE
STATE OF IDAHO

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

All-N-ONE Painting Contractors

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

James Anthony Sawyer 5356 Kootenai St Boise Id. 83705

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 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:

JAMES SAWYER
5356 Kootenai St. Boise Id 83705

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):
- _____
- _____

Phone number (optional):

208-343-5799

Secretary of State use only

1781935

IDAHO SECRETARY OF STATE
11/15/2004 05:00
CK: CASH CT: 150010 BH: 776686
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: James A. Sawyer
(signature required)

Printed Name: JAMES A SAWYER

Capacity/Title: President

(see instruction # 8 on back of form)