Signature:\_

Capacity:

Printed Name:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name. 29 41 9: 53

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

NORTHWEST PAINTING COMPANY

2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:					
	. <u>Name</u>	201	Complete	Address	D-	
		WA			83686	,
	VINCENT PIENCE					<del></del>
3.	The general type of business transacted under (mark only those that apply)	er the as	ssumed b	usiness n	ame is:	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		Finance, Mining	Insurance	Public Utile, and Real	Estate
4.	The name and address to which future Phone number (optional): 208-463-9132 correspondence should be addressed:					
	VINCENT PIERCE  301 DOCKSKIN Dr  NAMPA ID. 83686		Assı	mit Certific umed Bu <b>si</b> ne an <b>ằ \$20</b>	ness	·
5.			700 Base PO Bois	retary of St West Jeffe ement Wes Box 83720 se ID 83720 334-2301	erson st	
		5788	Se	U SECRETARY Coretary of State 29/2006	te use only 9 2 9 2 0 0	