

FILED EFFECTIVE

2009 MAR -4 PM 1:26

SECRETARY OF STATE
STATE OF IDAHO

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

College Pro Painters

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

Tim Wilcox

698 AVE. H UNIT 204 BOISE, ID

83716

- 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 | |
- Submit
 Assume
 Name a

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

TIMOTHY WILCOX

698 AVENUE H UNIT 204

BOISE, ID 83712

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

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

Signature: Tom Wilcox
(signature required)

(signature required)

Printed Name: TIMOTHY WILCOX

Capacity/Title: FRANCHISE MANAGER

(see instruction # 8 on back of form)

Revised 04/2003
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IDAHO SECRETARY OF STATE
 03/04/2009 05:00
 CK: 210 CT: 150010 BH: 1159707
 1 @ 25.00 = 25.00 ASSUM NAME 1 2

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