

## 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

2007 SEP 14 PM 12: 51

STATE OF IDAHO

Mile High P	ainting	
The true name(s) and business address(es) of business under the assumed business name:  Name  Steve E Adams		ntity or individual(s) doing  Complete Address  2 Mariposa St Caldwell, ID 83607
Sylvia A Adams	138	92 Mariposa St Caldwell,ID 83607
<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Gervices</li> <li>☐ Manufacturing</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>		
Steve Adams  A2822 Marinese St.		450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
13892 Mariposa St Caldwell, ID 83607		
5. Name and address for this acknowledgment copy is (if other than #4 above).		Secretary of State use only
nature:	g:toorptlometabn fermistabn.p85 Revised O4/2003	IDAHO SECRETARY OF STATE @9/14/2007 @5 = CK: CASH CT: 158018 BH: 187 1 # 25.88 = 25.86 ASSUM WA