

CERTIFICATE OF ASSUMED BUSINESS NAME

2013 NOV -1 AM 9: 10

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECHETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Filnishline Signs	w. ·		
2.	The true name(s) and <u>business</u> address(e business under the assumed business na Name Eddie Collins	es) of the entity or individual(s) doing ame: Complete Address PO Box 1027 Hayden, ID 83835		
4.	The name and address to which future correspondence should be addressed: Eddie Collins Po Box 1027 Hayden, ID 83835	•	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent		
Signa	ature: <u>llll lll</u>		Secretary of State use only	
	ed Name: Eddie Collins		•	
Capa	city/Title: President			
Signature:			IDAHO SECRETARY OF STATE 11/01/2013 05:00	
Printed Name:			CK: 14681 CT: 158010 BH: 1396375 1 0 25.00 = 25.00 ASSUM NAME # 2	

D 166767

Capacity/Title: