

Printed Name: __

Capacity/Title: 0 W NER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 MAR 13 PM 2: 43

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is: EDDIE'S FRAMING	gned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Sauja	Complete Address 151 N. J. Berty #20 0: Se TD 83704
3. The general type of business transacted under Retail Trade Transportation and Construction	
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 451 N. LIBERTY APTH20 BOISE T.D 83704	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) <u>794 6 6 / 5</u>
	Secretary of State use only
Signature: Edvar Co Acaya Printed Name: Edvar Co Acaya Sansaitr/Title: 0111 N.E.	IDAHO SECRETARY OF STATE 03/13/2006 05:00 CK: 749028 CT: 172099 BH: 94297 1 @ 25.00 = 25.00 ASSUM NAME #