



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 AUG 28 AM 8:11

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

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

Waska's Title & Trim

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
DAVID J WASKA

Complete Address
745 N Grant
Post Falls ID 83204

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 type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

745 N Grant
Post Falls ID 83204

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

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):

208-313-1145

Signature: DAVID J WASKA (Signature required)

Printed Name: DAVID J WASKA

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
08/28/2008 05:00
CK: 318038 CT: 158018 BH: 1133414
1 @ 25.00 = 25.00 ASSUM NAME # 2

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