

FILED/EFFECTIVE**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name.



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

Perfection Finishes

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

Name
Andrea B. Allen

Complete Address
P.O. Box 35

Shoshone, ID 83352

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐ Retail Trade☐ Manufacturing

Transportation and Public Utilities

☐ Wholesale Trade☐ Agriculture

Finance, Insurance, and Real Estate

☐ Services☒ Construction

Mining

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

Perfection FinishesP.O. Box 35Shoshone, ID 83352

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2001 09:00
CK: 1221 CT: 145519 BH: 393240

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Andrea AllenPrinted Name: Andrea AllenCapacity: owner

(see instruction # 8 on back of form)

Revision 2/97
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