

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 15

NOTE: See instructions on reverse before filing.

	$t_{ij}$
1. The assumed business name which the ubusiness is:	Indersigned use(s) in the transaction of
FINISH-PRO CARPENTR	<u>Y</u>
The true name(s) and <u>business</u> address(e business under the assumed business na	es) of the entity or individual(s) doing me:
Name	Complete Address
- Luar Cangiuri	P.O Box 2510 Righy 11 8340
Lana L. Caligiuri	PD Rox 256, Rigby ID 83442
The general type of business transacted up	nder the assumed business name is:
	n and Public Utilities
Wholesale Trade X Construction	Hand Fublic Utilities
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future	
correspondence should be addressed:	Secretary of State
Luia. Azliai	700 West Jefferson Basement West
<u></u>	PO Box 83720
P.O. BOX 756	Boise ID 83720-0080
KIGBY ID 83442	208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	nt Phone number (optional):
Luiai Calianiri	
P.O. Boy 75/0	
RIA hy 10 93442	Secretary of State use only
2 00777	્ર <sub>સ્</sub>
Signature: Luy Caliaum	uqas s
Printed Name:	IDANO SECRETARY OF STATE
Senerit (T)	IDAHO SECRETARY OF STATE  91/97/2005 95:00  CK: 2872 CT: 158816 BH: 785951
Capacity/Title: <u>nwner</u>	IDAHO SECRETARY OF STATE  91/97/2005 95:00  CK: 2872 CT: 158818 BH: 785951  1 8 25.88 = 25.88 ASSLM NAME # 2
(see instruction # 8 on back of form)	DC2222