



Capacity/Title:____

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS

ASSUMED BUSINESS NAME 707 AUG - 1 AM 8: 47 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Domits for filing a certificate of Assumed Busine Please type or print legibly.

SECRETARY OF STATE

NOTE: See instructions on reverse before filing	ng. STATE OF IDAHO
The assumed business name which the undersign business is: Premiere Painting	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Thomas Ashby 21	Complete Address
3. The general type of business transacted under the Retail Trade ☐ Transportation and P☐ Wholesale Trade ☒ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Premiere Painting 216 F Camino Aye. Twin Falls, Tot 83301	
Name and address for this acknowledgment copy is (if other than # 4 above): ———————————————————————————————————	Phone number (optional): (208) 404-1050
	Secretary of State use only
Signature:	

IDAHO SECRETARY OF STATE

08/01/2007 05:00

CK: 5647471518 CT: 158010 BH: 1068400
1 8 25.00 = 25.00 ASSUM NAME # 2

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