

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 JUL -9 PM 1: 08

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the urbusiness is: MAIN STREET MURALS	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name TARED AUSTINI	es) of the entity or individual(s) doing ame: <u>Complete Address</u> 4204 APACHE DR
JARED AUSTIN	NAMPA, ID 83686
3. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: THED AUSTIN 4704 APACHE DR.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
NAMPA, TO 83686 5. Name and address for this acknowledgme copy is (if other than #4 above):	
	Secretary of State use only
signature:	-
Printed Name: TARED AUSTIN	-
Signature:	TDAHO SECRETARY OF STATE
Printed Name:	07/09/2013 05:00 CK: 2003 CT: 285130 BH: 1301346
Capacity/Title:	1 0 25.00 = 25.00 ASSUM NAME #

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