



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.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

2004 DEC 13 PM 2:29

STATE OF IDAHO

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

Finishing Touch Painting

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

Name

Kent Krieger

Complete Address

P.O. Box 1112

Salmon, ID 83467

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:

Finishing Touch Painting
P.O. Box 1112
Salmon, ID 83467

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

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

Phone number (optional):

208-660-3037

Secretary of State use only

Signature: Kent Krieger
(Signature required)

Printed Name: Kent Krieger

Capacity/Title: Owner

(see instruction # 8 on back of form)

9-1001form581n-965
Revised 04/2003

ID 82584
IDaho SECRETARY OF STATE
12/13/2004 05:00
CK: 1897 CT: 154810 BH: 781348
1 @ 25.00 = 25.00 ASSUM NAME # 2