



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
Instructions are included on back of application.

10 SEP 27 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

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

Custom Vinyl

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

Name

Claudia Martinez

Complete Address

9472 Cottonwood Circle, Idaho Falls, ID 83401

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 type="checkbox"/>	Construction
<input type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input checked="" type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Claudia Martinez

9472 Cottonwood Circle

Idaho Falls, ID 83401

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

Secretary of State use only

Signature: ClaudiaPrinted Name: Claudia MartinezCapacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
09/27/2010 05:00
CK: 1353 CT: 150018 BN: 1246474
1 @ 25.00 = 25.00 ASSUM NAME # 2

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