

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D93350

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.

05 NOV -4 PM 2:41

PAUL'S ULTIMAT	TE AF	27
2. The true name(s) and <u>business</u> address( business under the assumed business name)		entity or individual(s) doing
Name		Complete Address
PAUL SERB		90 E. Narcissus ct
	BOISE, 10A40	
	. <u> </u>	37/6
Art pointing   Transportati		blic Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
☐ Finance, Insurance, and Real Esta	te	1
4. The name and address to which future		Secretary of State 700 West Jefferson
correspondence should be addressed:	,	Basement West
4690 E. Narcissus	s ct	PO Box 83720
Boise Idaho	-	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	- ment	Phone number (optional):
		Secretary of State use only
nature: (signature required)  nted Name: PAUL SERR	slabn formslabn.p65	IDAHO SECRETARY OF STATE 11/04/2005 05:0 CK: 227 CT: 158010 BH: 92068