Printed Name: Debra Wolsen

(see instruction # 3 on back of form)

Capacity: Sun Pur

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) Ar. ZS Pursuant to Section 53-504, Idaho Code, the undersigned STATE Assumed Business Name. To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Majestic Masterpiece Murals 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name P.O. Box 558, Nampa Jd83656 3. The general type of business transacted under the assumed business name is. (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (octional): _____ correspondence should be addressed: Submit Certificate of Assumed Business P.O. Box 558 Name and \$20.00 fee to: Nampa Id 83656 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only LOCHO SECRETARY OF STATE

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