



# 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**

SEP -3 AM 9:03

STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

AUTHENTIC PAINTING

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

| <u>Name</u>      | <u>Complete Address</u>             |
|------------------|-------------------------------------|
| Arcelia Castillo | 219 1/2 9th AVE N<br>Nampa ID 83687 |

3. The general type of business transacted under the assumed business name

- |  |  |
|--|--|
| <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:

Arcelia Castillo  
219 1/2 9th Ave N  
Nampa ID 83687

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

Secretary of State use only

Signature: Arcelia Castillo  
(signature required)

Printed Name: Arcelia Castillo

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

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Revised 06/2002

IDAHO SECRETARY OF STATE  
03/04/2003 05:00  
CX: CASH CT: 150010 BH: 666233  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 63868