

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

2006 NOV 17 AM 9: 09

SECRETARY OF STATE

Please type or print legibly.  NOTE: See instructions on reverse before filing.  STATE OF IDAHO	
1. The assumed business name which the undersigned use(s) in the transaction of business is:  ***********************************	
FINISHING TOUCH CARPENTRY PCT# 18750	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  **Complete Address**	
MERRILL CODE POBOX 542 PIGBY 10	
406L E 159 N PIGBY 83442	
ID 63442	
3. The general type of business transacted under the assumed business name is:	.
Retail Trade	
5. Name and address for this acknowledgment Phone number (optional):	
copy is (if other than # 4 above): 208-569-6619	
Secretary of State use only	
Secretary of State use Unity	
Signature:    Control Name   MESS   Control   Signature   Signatur	
Printed Name: MERRILL COAE IDAHO SECRETARY OF STATE	
Capacity/Title: 0 X N E	00 1814245 Ne # 2