

Capacity/Title: <u>Owner</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

17 173 16 PH 12: 57 STATE OF STATE

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersite business is: Angel Painting ———————————————————————————————————	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Rionda S. Nesbitt 70	the entity or individual(s) doing Complete Address S 8 th AVC S Nampa Id 83451
3. The general type of business transacted under Retail Trade Transportation an	
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Rhonda Nesbitt 715 8th Ave Nampo Id 83651	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: Rende Lesbett (signature required) Printed Name: Rhonda Wesbitt	IDAHO SECRETARY OF STATE 93/16/2004 05:00 CK: 316125513013MJO CT: 172099 BH: 73341 1 8 25.08 = 25.00 ASSUM NAME # 2