

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2015 FEB 23 AN 10: 14

FILED EFFECTIVE

Please type or print legibly. Instructions are included on back of application.

BakerBoyz Staining	
The true name(s) and <u>business</u> address business under the assumed business n	· · · •
Name	Complete Address
Cobin Baker	Po Box 76 Cascade ID 83611
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Services Agriculture	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: Cobin Baker 	Secretary of State 450 North 4th Street PO Box 83720
Po box 76 Cascade ID 83611	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
	Secretary of State use only
inature:	IDAHO SECRETARY OF STATE
nted Name: <u>OD// ISaKe/</u> pacity/Title: O <i>JDE</i>	02/23/2015 05:00
apacity/Title:	- CK: 22119044141 CT: 158010 BH

3050 1@ 25.00 = 25.00 ASSUM NAME #2

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Printed Name: _____

Capacity/Title:____