CERTIFICATE OF FILED EFFECTIVE **ASSUMED BUSINESS NAME** Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 07 APR 26 AM 10: 58 Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: wall tinishing 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 Rea Man 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Minina Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 inishi Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment COPY IS (if other than # 4 above): 307-421-5091 Secretary of State use only Signature: Printed Name: Inthosy IDAHO SECRETARY OF STATE PAAT Capacity/Title: OWNe BH: 184979 89 ASSIM MANE # 2 (see instruction # 8 on back of form) 110766