

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

(see instruction # 8 on back of form)

2006 JUL -7 AM 9: 17

SECRETURE OF STATE

	Singir	ng Colors Stu	dio	
The true business	name(s) and business address under the assumed business r	(es) of the name:	entity or individual(s) doing	
	Name		Complete Address	
Gail G. Johnson		16354 V	16354 W. Coeur d'Alene Dr. Spirit Lake, ID 83869	
3. The gene	eral type of business transacted	under the	assumed business name is:	
			blic Utilities	
	olesale Trade		one offittes	
<u> </u>	vices Agriculture			
☐ Mai	nufacturing		Submit Certificate of	
<u> </u>	<u> </u>		Assumed Business Name and \$25.00 fee to:	
	ance, Insurance, and Real Esta	te	Name and \$25.00 fee to:	
4. The name	and address to which future		Secretary of State	
correspor	idence should be addressed:		700 West Jefferson	
Gail Johr	ison, 16354 W. Coeur d'Alene Dr.		Basement West	
	e, ID 83869	-	PO Box 83720 Boise ID 83720-0080	
		-	208 334-2301	
5. Name ar	nd address for this acknowledgr	ment	Phone number (optional):	
copy is (ii	fother than # 4 above):		208-623-6517	
			200 020 0017	
		_	Secretary of State use only	
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nature: //	il Johnson	ESC ESC	12/01400	
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	JOHN SOVI	forms\ ?evise	IDAHO SECRETARY OF STATE	
pacity/Title:	CLOVIER	Corpy	CK: 1890 CT: 158010 RH: 96. 1 8 25.00 = 25.00 ASSUM NA	