

Capacity/Title: (

(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.

2006 APR 21 AM 9: 22

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Painted Pony Enterprise	
The true name(s) and business address(es) of the business under the assumed business name:	ne entity or individual(s) doing
Name	Complete Address
Christopher Johnson	12350 W Avanti Dr. Boise, ld 83713
Tamara Johnson	12350 W Avanti Dr. Boise, ld 83713
The general type of business transacted under the	he assumed business name is:
Retail Trade Transportation and	Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Tamara Johnson	PO Box 83720
12350 W Avanti Dr	Boise ID 83720-0080
Boise, ld 83713	208 334-2301
	Phone number (optional):
5. Name and address for this acknowledgment	Thorio Hallibor (optional).
COPY IS (if other than # 4 above).	abb-353-55914
	Secretary of State use only
	Secretary of State use only
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IDAHO SECRETARY OF STATE 04/21/2006 05:00 CK: 177 CT: 158010 BH: 950550 1 8 25.00 assum name # 2

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