



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.

FILED EFFECTIVE

05 JUL 26 AM 9:56

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business

Personal Touch Vinyl

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
<u>Brent Shaikoski</u>	<u>11340 Hall Dr Nampa ID</u>
<u>Kristina Shaikoski</u>	<u></u>
<u>HOUSE to HOME</u>	<u></u>
<u>Decorators</u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

11340 Hall DR
Nampa ID
(208) 466-7026

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Signature: Brent Shaikoski

(signature required)

Printed Name: Brent Shaikoski

Capacity/Title: Sole Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/26/2005 05:00
CK: CASH CT: 150010 BH: 023265
1 @ 25.00 = 25.00 ASSUM NAME # 2

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