Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 MAR 31 All 8: 37

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

STATE OF IDAHO

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

The assumed business name which the undersigne business is: AMCLEON PAINTING	d use(s) in the transaction of
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Name Christopher Ishtzer Coe 3. The general type of business transacted under the as	Complete Address BOX 2584 Purd Alene, 10 83816
Retail Trade Transportation and Publi Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: P.O. BOX 2584 COPLICIAIRENE, ID 83816	
Name and address for this acknowledgment copy is (If other than # 4 above):	Phone number (optional):
ignature: (Manature required)	Secretary of State use only

IDAHO SECRETARY OF STATE
03/31/2005 05:00
CK: 520 CT: 158010 BH: 801882
1 0 25.00 = 25.00 ASSUM NAME # 2

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