CERTIFICATE OF ASSUMED BUSINESS NAME PH 2:05

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of

ac	doption of an Assumed Business Name.	S. S. DALLOWE
1.	The assumed business name which the unbusiness is:	ndersigned use(s) in the transaction of
2.	The true name(s) and business address(expusioness under the assumed business name Name Rourg	s) of the entity or individual(s) doing ne is/are: <u>Address</u> 313 Buchanan of Twin falls
3.	The general type of business transacted un Painting & Wall papering See categories on the reverse	nder the assumed business name is:
4.	The name and address to which correspond JACKIE L. Rovig 313 The name and address to which correspond is a superior of the su	dence should be addressed: Buchanan St Twin falls Jackie S Rovin
	Capacity Owner.	
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer # Secretary of State use only
	Secretary of State 700 West Jefferson	IDAHO SECRETARY OF STATE

PO Box 83720

Boise ID 83720-0080

IDAHO SECRETARY OF STATE

93/27/2093 95:00

CK: 93 CT: 158010 BH: 671234

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