

Signature:

Printed Name:

Capacity/Title:

e: <u>OWNE</u>
(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.

Please type or print legibly.

2005 APR 29 27 8: 42

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NOTE: See instructions on reverse before filing.	entre en monte
1. The assumed business name which the undersigned use(s) in the transaction of business is:  Chaffin Painting & Improvements	
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  Doug Chaffin  15 Do	ntity or individual(s) doing  Complete Address  Ac Dr Salman, 10 83467
3. The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Dosy Chaffin  15 Dake Do  Salman, 10 83467	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208 - 757 - 2368
S S D I I I	Secretary of State use only

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IDAHO SECRETARY OF STATE

04/29/2005 05:00

CK: 1451 CT: 158016 BH: 807545
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