

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME JUL 13 PM 1:08 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name CRETARY OF STATE Please type or print legibly. STATE OF IDAHO

NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> <li>Painting</li> <li>The true name(s) and business address(es) of the entity or individual(s) doing</li> </ol>	
Name  Felipe Rodgus  18	Complete Address  18 Brogan Rd Fmmalt I.D. 83617
3. The general type of business transacted under the assumed business name is:   Retail Trade  Transportation and Public Utilities	
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
1P18 Brogan Rol Emmet ID 83617	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): 208 695-7158
	Secretary of State use only
ignature: de pe Rodriquez rinted Name: Felipe Rodriquez	

IDAHO SECRETARY OF STATE 97/13/2007 05:00 CK: CASH CT: 158010 BH: 1065487 LE 25.80 = 25.88 ASSUM MAME # 2

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