

Capacity:_

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIV

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.

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NOTE: See instructions on reverse	SECRETAL NE N
1. The assumed business name which the undersigned use(s) in the transaction of business is: \[\left(\text{YNd} \) \ \ \square \text{Nallpaper Installation & Remova} \] 2. The true name(s) and \(\text{business} \) address(es) of the entity or individual(s) doing business under the assumed business name: \[\text{Name} \text{Complete Address} \\ \text{Name} \text{Bolse ID} \text{Scheca DR} \\ \text{Bolse ID} \text{Bolse ID} \text{Scheca DR} \\ \text{Bolse ID} \text{Bolse ID} \text{Scheca DR} \\ \text{Bolse ID} B	
3. The general type of business transacted under the assemble of the services	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: Lyntha D. Bade Printed Name: Lyntha D. Bade Berised 01/2001	IDAHO SECRETARY OF STATE 12/10/2001 05:00 CK: CASH CT: 154417 BH: 433562 1 0 20.00 = 20.00 ASSUM NAME # 2