



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2003 NOV 24 AM 9:38
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

NEW Image Painting

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| Name | Complete Address |
|--------------------------|--------------------------------------|
| <u>MANIS D. PETERSEN</u> | <u>1829 N. Cassia - Nampa, Idaho</u> |
| | <u>83651</u> |
| | |

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction - <u>Painting</u> |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

New Image Painting
1829 N. Cassia
Nampa, Id. 83651

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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):

N/A

Signature: _____

Printed Name: MANIS D. PETERSEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Phone number (optional):

208-461-5568

Secretary of State use only

IDAHO SECRETARY OF STATE
11/24/2003 05:00
CK: 007983711 CT: 150010 BH: 713150
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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