

Printed Name: ALAN A

Capacity/Title: OwnEr

(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. 10 JUL -8 AM 8: 31

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

	, , , , , , , , , , , , , , , , , , ,
The assumed business name which the undersigned business is:	d use(s) in the transaction of
STANFORD WAT	ERCOLORS
2. The true name(s) and business address(es) of the e business under the assumed business name:	ntity or individual(s) doing
Name	Complete Address
Alank Stanford 4	21 W. ShELMAN
\mathcal{A}	UE
N _P	MNA, IN 83686
3. The general type of business transacted under the a	issumed business name is:
Retail Trade Transportation and Pub Wholesale Trade Construction	olic Utilities
Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25,00 fee to:
. The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720 Boise ID 83720-0080
HIANE STANFORD	(208) 334-2301
421 WiSherman Ave.	(200) 304-2301
MAMPH, ID 83686	
5. Name and address for this acknowledgment	
COPY is (if other than # 4 above).	
	Secretary of State use only
nature: Stanford	0140570

IDAHO SECRETARY OF STATE

07/08/2010 05:00

CK: 6836 CT: 158010 BH: 1229758
1 8 25.00 = 25.00 ASSUM NAME #