

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.

113 MAY 13 PH 1:58

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

business is: Final Finish	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Her linela Ramirez Leight	e entity or individual(s) doing Complete Address E. Colorado Ave. ampa ID. 83686
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: Final Finish Herlinda Ramirez 619 E. Colorado Ave. Mampa ED: 83686	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):
	Secretary of State use only
nature: Allinda Ramiret motor some segunda some some some some some some some some	IDAHO SECRETARY OF STATE 05/13/2003 05:00

05/13/2003 05:00 CK: 1452 CT: 158010 BH: 680347 1 8 25.00 = 25.00 ASSUM NAME # 2

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