

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUMED BUSINESS NAME 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.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: RAINDOW 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 Pedro Damian 2030 N 3157 E 10aho Falls ID. 83401	
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Pedic Damid Cosc N 3154 E	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 390-2195 760 5866130 Secretary of State use only
Signature: <u>Feders Damian</u> Printed Name: <u>Feders Damian</u>	IDANO SECRETARY OF STATE 3/97/2005 05:00

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