



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

FILED/EFFECTIVE
JUN 18 2000
STATE OF IDAHO

1. The assumed business name which the undersigned uses in the transaction of business is:

Valley Painting of Idaho

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

Name	Complete Address
<u>E. Gene Campbell</u>	<u>3165 E. Leslie Dr.</u>
<u>Tamara L. Campbell</u>	<u>Meridian, Id. 83642</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

same as above:
E. Gene & Tamara L. Campbell
3165 E. Leslie Dr.
Meridian, Id. 83642

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2000 09:00
CK: 1693 CT: 112586 BH: 319647

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 35950

Signature: Tamara Campbell

Printed Name: Tamara L. Campbell

Capacity: co-owner

(see instruction # 8 on back of form)