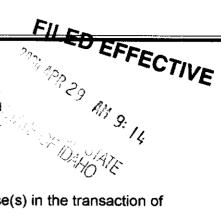
CERTIFICATE OF ASSUMED BUSINESS NAME

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.



WHITE DAWN PAINTE	ALL
The true name(s) and business address(es business under the assumed business names are supplied to the su	
Name	Complete Address
MIKE SIMMONS	1324 N. HAYES AVE.
	POCATELLO, ID
	83204
 The general type of business transacted ur Retail Trade	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: MIKE SIMMONS 1324 N. HAYES AVE. POCATELLO, TO 83204	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): 208-233-9580
MIKE SIMMONS 1324 N. HAYES AUE. POCATEUD, ID 83204 nature: Wibe Simmons	Secretary of State use only

rpvio/makabn formskab Revised 04/2003

SIMMONS

(see instruction #8 on back of form)

Printed Name: MILE

Capacity/Title: <u>[00</u>්7ිල

IDAHO SECRETARY OF STATE

04/29/2004 05:00

CK: 2139 CT: 158010 BH: 742061

1 2 25.00 = 25.00 ASSUM NAME # 2

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