

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EF

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

07 SEP - 6 AM 8: 16
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| Make Believ | e Murais | |
|---|---|---|
| 2. The true name(s) and business address(es) of business under the assumed business name Name Amy M Rice | | ntity or individual(s) doing Complete Address E Sable Ridge Dr. Kuna, ID 83634 |
| Retail Trade Transportation | | |
| Wholesale Trade ✓ Services Manufacturing Finance, Insurance, and Real Estate | | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed: Make Believe Murals c/o Amy Rice | | Secretary of State 700 West Jefferson Basement West PO Box 83720 |
| 570 E Sable Ridge Dr. Kuna, ID 83634 | ; | Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgmen copy is (if other than #4 above): | t | |
| | | Secretary of State use only |
| nature: | gʻlcorptomskabn formskabn. p65 Revised 04/2003 | 014799 |
| oacity/Title: owner (see instruction # 8 on back of form) | g lœpt | IDAHO SECRETARY OF STATE 09/06/2007 05:0 CK: 1745 CT: 158810 BH: 18741 1 8 25:80 = 25:80 ASSUM NAME |