



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.

FILED/EFFECTIVE

01 MAR -5 AM 9:28
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

One Touch Painting and Wallcovering

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

Name

Robert D Vlaanderen

Troy L Bindlisbacher

Kevin S Curry

Complete Address

903 W Floating Feather Eagle, ID 83606

"

"

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Robert Vlaanderen

903 W Floating Feather

Eagle ID 83606

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

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

Phone number (optional):

208-938-0179

Signature: Robert D Vlaanderen

Printed Name: Robert D Vlaanderen

Capacity: Partner

(see instruction # 8 on back of form)