



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.
Instructions are included on back of application.

FILED EFFECTIVE

2015 JUN -1 PM 1:46

SECRETARY OF STATE
STATE OF IDAHO

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

SPRAY GOOD

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

Name

Casey Wilson

Complete Address

P.O. Box 203 Horseshoe Bend, ID

83629

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 type="checkbox"/> Construction
<input checked="" 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:

Po Box 203 Horseshoe Bend
ID. 83629

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Po Box 203 Horseshoe Bend
ID. 83629

Secretary of State use only

IDaho SECRETARY OF STATE
06/01/2015 05:00

CK:2888792 CT:172099 BH:1477727
1€ 25.00 = 25.00 ASSUM NAME #2

D179435

Signature: Casey Wilson

Printed Name: Casey Wilson

Capacity/Title: Owner

Signature: Casey Wilson

Printed Name: Casey Wilson

Capacity/Title: Owner