

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 AUG 11 AH 10: 05

## Please type or print legibly. NOTE: See instructions on reverse before filing.

SECAL OF STATE STATE OF IDAHO

<ol> <li>The assumed business name which business is:</li> </ol>	h the undersigned use(s) in the transaction of
Boise BASIN	n Painting
business under the assumed busin	dress(es) of the entity or individual(s) doing ness name:
<u>Name</u>	Complete Address
Danny Holford	5214 DENFON
<u>J</u>	Boise TD 83704
	acted under the assumed business name is:
<ul> <li>Wholesale Trade</li> <li>Services</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real</li> </ul>	Ulture Submit Certificate of Assumed Business
4. The name and address to which fut correspondence should be address  Demvy Holford  5210 DENTON  Boise, ID. 83704	ture Secretary of State
5. Name and address for this acknow copy is (if other than #4 above):	wledgment Phone number (optional):  (208) 9412678
	Secretary of State use only
gnature: Dany Ho Kord	Sed 'urgs

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