

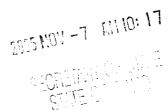
CERTIFICATE OF ASSUMED BUSINESS NAME

FILLID REFECTIVE

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.



Perfection Fra	aming & Art	
The true name(s) and business address(es) of business under the assumed business name:		
3. The general type of business transacted under Retail Trade Transportation a	er the assumed business name is:	
 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: Perfection Framing & Art	Secretary of State 700 West Jefferson Basement West PO Box 83720	
10330 Country Squire Lane Boise, ID 83704	Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional): 208 378-1500	
	Secretary of State use only	
Signature: Printed Name: Capacity/Title: Owner (see instruction # 8 on back of form)	Section Secretary of State	92

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