

## **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.

O1 DEC 21 AM 8: 58

STATE OF IDAHO

Please type or print legibly.

The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name:  Name  PHIL'S PAINTING INC. C1411473	Complete Address 2530 WEST 1600 SOU# 5
C141473	ABERDEEN, IDAHO 83216
3. The general type of business transacted under the Retail Trade Transportation and Post Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  2530 WEST 1600 SOUTH  ABERDEEN, IDAHO 83210	-
5. Name and address for this acknowledgment copy is (if other than # 4 above):  EVAN WRIDE	Phone number (optional): 208-387-7224
P.O. BOX 860	Secretary of State use only
ABERDEEN, IDAHO 83210	
ignature:  EVAN WRIDE  apacity/Title:	IDAHO SECRETARY OF STATE 12/21/2001 05:00
Capacity/Title:	12/21/2001 05:00 CK: 4888 CT: 124110 BH: 436829 1 0 28.00 = 28.00 ASSUM NAME #
(see instruction # 8 on back of form)	