

## 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.

2006 APR 17 AM 10: 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on to see	2000-
The assumed business name which the undersigne	d use(s) in the transaction of
husiness is:	1
AM Painting (Journey)	man)
/ '   <u>                                 </u>	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name:	Complete Address
Name	Complete Address
Amber Morrison 906	E. Maple Ave. Uni+B
Coex	ir d'Alene, ID 83814
	,
of business transacted under the	e assumed business name is:
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and P	ublic Utilities
SF O = modern ration	
Agriculture	Submit Certificate of
Jervicos	Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	a town of State
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Correspondence	PO Box 83720
906 E. Maple Ave. Uni+B	Boise ID 83720-0080
Coeur d'Alere, ID. 838M	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
5. Name and address for this acknowledges copy is (if other than # 4 above):	(208)MOCI-138/
Copy is (it duties that is 1 = 1 - )	
	Secretary of State use only
	·
2 d d d d	
Signature: (signature required)	IDAHO SECRETARY OF STATE  94/18/2006 05:00
(signature required)	IDAHO SECRETARY OF STATE  04/18/2006 05:00  CK: 122617 CT: 158010 BH: 949886  1 0 25.00 = 25.00 ASSUM NAME # 2
Signature: Amber L Morrison  Capacity/Title: Owner	1 0 25.88 = 23.88 Habun Harr 1
Capacity/Title: Owner	D 98894
(see instruction # 8 on back of form)	