CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504. Idaho Code, the undersigned...

	Idaho Code, the undersigned 11 9: 10
 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
ALL Surface	Techniques
The true name(s) and business address business under the assumed business r	s(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
JENELL MARTINSON	Den Ry To. 83823.
CRAIG MARTINSON	Deard Fd. 83823
 The general type of business transacted (mark only those that apply) 	under the assumed business name is:
Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional): (208) 877-1684
JENELL MARTINSON	Sub-vit O vita
2521 Big BEAT Ridge Rd	Submit Certificate of Assumed Business
	Name and \$20.00 fee to:
DEARY LDAHO 83823	Secretary of State
5. Name and address for this acknowledgme	700 West Jefferson ent Basement West
COpy is (if other than # 4 above):	PO Box 83720
	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDAHO SECRETARY OF STATE 94/94/2991 99:00
Signature: James Mastinson	CK: 1884 CT: 144573 BH: 389832
Printed Name: TENELL MARTINSON	1 9 20.00 = 20.00 ASSUM MANE # 2
Capacity: MANAGER (see instruction # 8 on back of form)	D44155