Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAME
To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Ida gives notice of adoption of an A 1. The assumed business name which the up business is:	ATE OF IDAHO  aho Code, the undersigned ASSumed Business Name CRETARY
DYD PAINTING AND PR	
2. The true name(s) and business address(e business under the assumed business nare Name	s) of the entity or individual(s) doing me is/are:  Complete Address  Wisteria Way  Boise To 83713
3. The general type of business transacted un (mark only those that apply)  Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction  4. The name and address to which future	_
Correspondence should be addressed:  Dath Prainting at Property Restorate  1115. Occharen # 169  Bosse Thanso 83705  5. Name and address for this acknowledgment copy is (if other than # 4 above):  Trew Townson	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jofferson
Boise To 83713	Secretary of State use only
Signature: Sulfan	IDAHO SECRETARY OF STATE  03/12/2001 09:00  CK: none CT: 82380 BH: 383998