

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE

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Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the unbusiness is:    RICK 5 DRY   CK 5	wall FINISHING
The true name(s) and <u>business</u> address(est business under the assumed business name Name      RICKIE EARL NEES	Complete Address  290 E. JAMES CT. DR. #106  MERIOJAN ID.  83642
3. The general type of business transacted ur  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  RICKIE E. NEE3 290 E. TAMES CT. DR. #106 MERIDIAN ID 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgme copy is (if other than # 4 above):</li></ol>	ent Phone number (optional): 284. 0150
	Secretary of State use only
Signature: Signature: Signature required)  Printed Name: BICKIE E NIEES  Capacity/Title: OWNER	IDAHO SECRETARY OF STATE  ### ### ### ### ### ### ### ### ### #

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