

Printed Name: which ell

Capacity/Title: owner

(see instruction #8 on back of form)

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.

2008 OCT -9 PH 1:53

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the undersigned use(s) in the transaction of business is:	
business under the assumed business name: Name Mitchell Painton	Complete Address 5030 Treemont RD New Plymouth -10 63655
3. The general type of business transacted under the Retail Trade ☐ Transportation and I☐ Wholesale Trade ☑ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: SO30 Freemont PD New Plymonth FD 83655	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only

IDAHO SECRETARY OF STATE
10/09/2008 05:00
CK: CASH CT: 158010 BH: 1139564
1 8 25.80 = 25.80 ASSUM NAME # 2

D125447