

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. 05 JUL -5 PH 12: 35

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

SECRETATE OF STATE
STATE OF IDAHO

1. The assumed business name which the undersign business is: ACCURATE Pain	ting and Coating's
2. The true name(s) and business address(es) of the business under the assumed business name: Name Wesley Mothershead 201	Complete Address 8 Broad moon Dr.
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Accurate Painting and Continues	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208 - 703 - 1956
	Secretary of State use only
nature. (signature required) nted Name: Wasley wothers head pacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 07/05/2005 05:06 CK: CASH CT: 158010 BH: 8195 1 0 25.00 = 25.00 ASSUM MANE