



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 OCT 31 AM 8:16

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

NEW IMAGE DRYWALL

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

LEONEL BARBOZA

Complete Address

PO BOX 283, TETONIA, ID 83452

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:

LEO BARBOZA

PO BOX 283

TETONIA, ID 83452

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: Leonel Barboza

(signature required)

Printed Name: LEONEL BARBOZA

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

g:\corporations\forms\abn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/31/2008 05:00  
CK: 99 CT: 158010 BH: 1142444  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D125951