

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2013 JUH - 3 AH 9: 51

Please type or print legibly. Instructions are included on back of application.

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1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Anvel Restorations		
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name David Albert Brown Melody Ann Brown	• • •	
3.		and Public Util	
4.	The name and address to which future correspondence should be addressed: David A. Brown 1800 E. 3rd Ave Post Falls Idaho 83854 - 9559	Se 45 PC Bo	cretary of State 0 North 4th Street 0 Box 83720 ise ID 83720-0080 8 334-2301
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt -	
Signa			Secretary of State use only
Printe	ed Name: David Albert Brown		
•	city/Title: Owner		TRANS OFFICE TABLE OF STATE
_	uture: <u>Mc10044444 Brown</u>	,	IDAHO SECRETARY OF STATE 06/03/2013 05:00
	ed Name: Melody Ann Brown		1 8 25.08 = 25.00 ASSUM WANE
Capa	city/Title: Co-Owner		

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