

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 GCT 21 AF 9: 28 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the un business is: 	dersigned use(s) in the transaction of
Treasure Valley Signs	
The true name(s) and business address(es business under the assumed business name).	
Name	Complete Address
_ Sabrina Orihuela	941 W. Greenhurst Rd. Nampa 1
MA ACO O OPTIMIZED	Same
The general type of business transacted ur	nder the assumed business name is:
	n and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Culturit Cartificate of
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Treasure Valley Signs	Basement West PO Box 83720
clo: Sabrina On huela	Boise ID 83720-0080
	208 334-2301
11) X36	VI.
Name and address for this acknowledgme	nt Phone number (optional):
COPY IS (if other than # 4 above).	208-461-7491
	Secretary of State use only
	399 c
ignature: Saltuna 1. Un huelu	Mabn formstabn p65
rinted Name: Sabri Na P. Orihuele	and 04/2003

IDAHO SECRETARY OF STATE
10/21/2005 05:00
CK: 1726 CT: 158010 BH: 918307
1 0 25.00 = 25.00 ASSUM NAME # 2