

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME 14 FEB 24 AM 10: 33 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

Scripture Wall Art  2. The true name(s) and <u>business</u> address(e	es) of the entity or individual(s) doing
business under the assumed business na	
<u>Name</u>	Complete Address
Kevin & Cheri Mansoor	509 Sandy Ridge Rd, Naples ID 83847
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     Kevin & Cheri Mansoor	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
509 Sandy Ridge Rd	208 334-2301
Naples, ID 83847  5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
gnature:	
mand Names, Kevin Mancoor	
nted Name: Kevin Mansoor  pacity/Title: Owner	

CX: 1713552 CT: 172099 BH: 1411940 1 0 25.00 = 25.00 ASSUM NAME # 3

D169153

Printed Name: Cheri Mansoor

Capacity/Title: Owner