## CERTIFICATE OF ASSUMED BUSINESS N

## FILED EFFECTIVE

ASSUMED BUSINESS NAME 80CT 23 AM 8:41
Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed B  Please type or print legibly.  NOTE: See Instructions on reverse before	usiness NAECRETARY OF STATE STATE OF IDAHO re filing.
1. The assumed business name which the und business is:  ———————————————————————————————————	
	of the entity or individual(s) doing e: Complete Address 281 HOOOD WTN RCL. Priest River, TO: 83856
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  ACCURATE TEXTURE CONFINISH SEL HOUDO MIN ROL. Priest River, TD. 83856  5. Name and address for this acknowledgment	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
copy is (if other than # 4 above):  Same as above):	Secretary of State use only
Signature:  (signature required)  Printed Name:  Capacity/Title:  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  10/23/2008 05:00  CK: 1846 CT: 238891 BH: 1141334  1 8 25.60 = 25.60 ASSUM NAME # 2

D125771