

(see instruction # 8 on back of form)

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	CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business National Please type or print legibly. NOTE: See instructions on reverse before filing.	med Will Son
	The assumed business name which the undersigned business is: C. W. Keysar Paint The true pare (a) and business address (as) of the second se	ling
2.	The true name(s) and business address(es) of the e business under the assumed business name: Name Clyde FUndie Keyset 12 Gord	Complete Address
3.	The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed: Same	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 462-6006
•	ture: (signature fequired) d Name: Clycle (A. Keysor Hand	IDAHO SECRETARY OF STATE
	city/Title: Duner	CK: 1203698 CT: 172099 BH: 1064399 1 0 25.00 = 25.00 ASSUM MAME 0 2

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