



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

07 APR -2 PM 12: 12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Carlson's Complete Coatings

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Clayton Allen Carlson</u>	<u>12215 long street loop ^{Middleton} Id. 83644</u>
<u>Lynne Marie Carlson</u>	<u>12215 long street loop. Middleton Id. 83644</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

12215 long street loop Middleton
Id. 83644
Clayton & Lynne Carlson

Phone number (optional):

(208)-585-6373

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Clayton Carlson
(signature required)

Printed Name: Clayton Carlson

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/02/2007 05:00
CK: CASH CT: 158818 BH: 1844346
1 @ 25.00 = 25.00 ASSUM NAME # 2

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