



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

ANDERSON PAINTING

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

DENNIS L ANDERSON

349 MORNINGSIDE DR #13, TWIN FALLS, ID 83301

JEANNE ANDERSON

349 MORNINGSIDE DR #13, TWIN FALLS, ID 83301

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 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		

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

ANDERSON PAINTING

DENNIS ANDERSON

349 MORNINGSIDE DR #13

TWIN FALLS, ID 83301

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

D L EVANS BANK

ATTN: LAURA

PO BOX 87

TWIN FALLS, ID 83303-0087

Signature: Dennis L. Anderson

Printed Name: DENNIS L. Anderson

Capacity: OWNER

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and **\$20.00** fee to:

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

Phone number (optional):

Secretary of State use only

g:\com\forms\state\businessname.p65  
Revised 01/2001

IDaho SECRETARY OF STATE  
11/08/2001 05:00  
CX: 955477 CT: 153356 BH: 428658  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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