



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE
JAN -2 2018:51
CLERK OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

BILL STUART PAINTING

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

<u>Name</u>	<u>Complete Address</u>
<u>WILLIAM H. STUART</u>	<u>145 9TH AVE. N., TWIN FALLS, ID 83301</u>
<u>DEBORAH STUART</u>	<u>145 9TH AVE. N., TWIN FALLS, ID 83301</u>
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

WILLIAM H. STUART
145 9TH AVE. N., TWIN FALLS, ID 83301

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

D.L. EVANS BANK

980 S. LINCOLN

JEROME, ID 83338

Signature: _____

Printed Name: WILLIAM H. STUART

Capacity: PROPRIETOR

(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

Secretary of State use only

IDAHO SECRETARY OF STATE
11/02/2001 05:00
CK: 984745 CT: 130012 BH: 427693
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 4 9544

Revision 1/98

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