

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED**



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.

99 JUL 30 AM 8:55  
STATE OF IDAHO

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

BRETT TURNER PAINTING COMPANY

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>BRETT TURNER</u>	<u>1424 LAKESIDE AVE</u>	<u>CDA, ID. 83814</u>
<u>MELODY TURNER</u>	<u>1424 LAKESIDE AVE</u>	<u>CDA, ID. 83814</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 checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining                              |

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

BRETT TURNER PAINTING CO.  
1424 LAKESIDE AVENUE  
COEUR D'ALENE, IDAHO 83814

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: Brett Turner

Printed Name: Brett Turner

Capacity: GENERAL PARTNER  
(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

07/30/1999 09:00  
CK: 3107 CT: 110660 BH: 238173

1 @ 20.00 = 20.00 ASSUM NAME # 2

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