



# 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.

2003 MAY -9 AM 9:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE  
OF IDAHO

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

Collins painting

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

Name

Anthony Q Collins  
and Linda Collins

Complete Address

737 Walnut St N.  
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 checked="" type="checkbox"/> Construction
<input 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:

98 PO BOX 5642  
Twin falls Id 83301

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

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):

208-733-5945

Signature

Linda Collins

(signature required)

Printed Name: Linda Collins

Capacity/Title: Co owner

(see instruction # 8 on back of form)

corpforms/lns/p65  
Revised 09/2002

IDaho SECRETARY OF STATE  
05/09/2003 05:00  
CK: 12549 CT: 150010 BH: 679615  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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