

CERTIFICATE OF ASSUMED BUSINESS NAME

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



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:

Dawn to Dusk 2 Painting Contractors

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

Tiffany A. Sanford

Name

P.O. Box 450 Horseshoe Bend ID 83626

Complete Address

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☐

Services

☒

Construction

☐

Mining

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

Phone number (optional): _____

P.O. Box 450

Horseshoe Bend ID 83626

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: T. A. Sanford

Printed Name: Tiffany A. Sanford

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97
g:\corp\form\statbn.p65

Secretary of State use only
IDAHO SECRETARY OF STATE

01/08/1998 09:00

CK: CASH CT: 92281 BH: 71015

1 @ 20.00 = 20.00 ASSUM NAME

D11010