



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 JUL 20 AM 9:32

SECRETARY OF STATE  
STATE OF IDAHO

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

WILLIAMS PAINTING

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) WILLIAMS, ROCKY A.  
(Address) 320 WIMPEY CRK. RD. (City) SALMON (State) ID (Zipcode) 83467

(Name) \_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

(Name) \_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

(Name) WILLIAMS PAINTING  
(Address) 320 WIMPEY CRK. RD.  
(City) SALMON (State) ID (Zipcode) 83467

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

(Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Printed Name: ROCKY A WILLIAMS

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/21/2015 05:00

CK:1236 CT:312587 BH:1484658  
1@ 25.00 = 25.00 ASSUM NAME #2

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