CERTIFICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), firms, or partnerships engaged in business under a name other than their own (DBA)

STATE OF INDIAN	NA, COUNTY OF A	<u>Ke</u>
NAME OF BUSINESS:	PAINTER FOR M	LIRE NO
KIND OF BUSINESS:	Painting	5001
PLACE OF BUSINESS:	ocument is ex	e/
	COFFICIAL! SIDENCES OF MEMBERS	OFFIRM OR PARTNERSHIP:
	ke County Recorder!	
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of them are true.	ave personal knowledge of the	facts stated above and that each
	Richard M Kienz	
Written Signature	Printed Name	Capacity of Signer
FORM PREPARED	BY: Cerhand M	liengs
If this form has b	EEN FAXED TO YOU, IT N	JUST BE COPIED ONTO

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Filed on ______, 19_____, Recorder

REGULAR PAPER BEFORE FILING. THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IS LOCATED.