

Capacity/Title:

(see instruction # 8 on back of form)

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 08 JAN 24 AM 9: 26

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	Clean it	Right
The true name(s) and b business under the assu Name Lisa F. Keni	umed business name	of the entity or individual(s) doing : Complete Address 417 Christopher Place Mountain Home, ID. 83647
Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance The name and address	Transportation a Construction Agriculture Mining e, and Real Estate	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street
correspondence should Lisa Kennedy	be addressed:	PO Box 83720 Boise ID 83720-0080
1417 Christopher Place Mo	ountain Home ID. 👸	(208) 334-2301
Name and address for copy is (if other than # 4 above	this acknowledgment	Secretary of State use only
		Secretary of State use only

IDAHO SECRETARY OF STATE
01/24/2008 05:00
CK: 575184638 CT: 158018 BH: 1896213
1 8 25.88 = 25.80 ASSUM NAME 8 2

