

Signature: \_\_\_\_

Capacity/Title:\_\_\_\_

Printed Name:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## Please type or print legibly. Instructions are included on back of application.

Super	r Kat Chem
2. The true name(s) and <u>business</u> address business under the assumed business r  Name  CD Asset Management LLC  UST(083	
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	tion and Public Utilities on
<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Assumed Business
4. The name and address to which future correspondence should be addressed:  Super Kat Chem Co  P. O. Box 396	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Nezperce, ID 83543	200 304-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):  Christopher J. Moore  P. O. Drawer 835	ment -
Lewiston, ID 83501	Secretary of State use only
inature: Dypt1	
nted Name: Chad Doggett	_
pacity/Title: Member	_

ebn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
09/13/2012 05:00
CK: 9310 CT: 9686 BH: 1339666
1 8 25.00 = 25.00 ASSUM NAME # 2

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