Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINES NAME (Please type or print legibly. See instructions on reverse) Pursuant to Section 53-504, Idaho Code, the undersigned Pil 2: 32 To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Kodi's Designs 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Kodi Gregersen 1583 E. 1740 S. Box 1245 Malta. Id. 83342 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 Construction Services Mining 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: Kodi Gregersen Submit Certificate of Assumed Business 1583 E. 1740 S. Name and \$20.00 fee to: Box 1245 83342 Malta. Id Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720,.../ CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 03/07/2000 09:00 CK: 2519 CT: 127750 BH: 296457 Signature: 1 6 20.00 = 26.00 ASSUM MAME # 2 Printed Name: KOT

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