

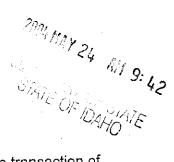
Capacity/Title: Dwnc/

(see instruction # 8 on back of form)

## 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.



business is:  Kentionics	( ) doing
The true name(s) and business address(es) business under the assumed business name Name Kenda Anderson	Complete Address  242 W. 64 S # 5  Rexbus, ID 83440
The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:    (endal Andersol)   (endal Ande	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
nature: Kendel Anderson	Secretary of State use only  Secretary of State use only  Secretary of State use only  TRAND SECRETARY OF ST

IDAHO SECRETARY OF STATE 95/24/2004 95:00 CK: 111 CT: 158810 BH: 746666 1 8 25.80 = 25.80 ASSUM NAME # 2

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