

CERTIFICATE OF ASSUMED BUSINESS NAME

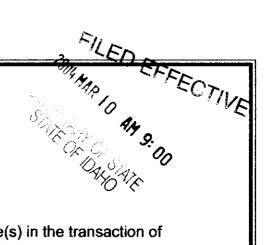
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

OWNER

(see instruction # 8 on back of form)

Capacity/Title:



K &	STRUCKING
The true name(s) and business address business under the assumed business	
Name	Complete Address
K & S, LLC	418 NORTH 600 WEST, PAUL IDAHO 83347
P81PGW	
Wholesale Trade Construct	ation and Public Utilities
☐ Services☑ Manufacturing☐ Mining☐ Finance, Insurance, and Real Est	Assumed Business
I. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
ALAN KLOSTERMAN	PO Box 83720 Boise ID 83720-0080
418 NORTH 600 WEST PAUL, IDAHO 83347	208 334-2301
5. Name and address for this acknowled	gment Phone number (optional):
COpy is (if other than # 4 above):	(208) 438-5333
	Secretary of State use only
nature: Ulan Klost	Septiment Sept
(signature required)	E 800 IDAHO SECRETARY OF STATE G J J J J J J J J J
nted Name: ALAN KLOSTERMAN	— CK: 36151 CT: 2288 BH: 732