



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.

2016 MAR 11 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

KC Tree and Moss Removal

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Caleb H Cox</u>	<u>4LVona St, Kingston, ID 83839</u>
<u>Kasey Orloff</u>	<u>511e 14th, Post Falls, ID 83854</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Caleb H Cox
4LVona St
Kingston, ID 83839

5. Name and address for this acknowledgment copy is (if other than # 4 above):

N/A

Signature: [Signature]

Printed Name: Caleb H Cox

Capacity/Title: Business Owner

Signature: [Signature]

Printed Name: Kasey Orloff

Capacity/Title: Business Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
03/11/2016 05:00
CK:107075475639 CT:321686 BH:1518264
1@ 25.00 = 25.00 ASSUM NAME #2

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