FILED CFFECTIVE



Signature:

Printed Name:

Capacity/Title:

(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.

NOTE: See instructions on reverse before filling.

2163 NOV -1, 101 9: 48

1. The assumed business name which the undersigned use(s) in the transaction of business is: Kuna Quilt Show 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** Kuna Chamber of Commerce, Tuc PO Box 123, Kuna, ID 83634 (62981 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Kuna Chamber of Commerce Boise ID 83720-0080 PO Box 123, Kuna, ID 83634 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). 208-922-9254 Secretary of State use only

Revised 04/2003

IDAHO SECRETARY OF STATE
11/07/2005 05:00
CK: 2005 CT: 116742 BH: 920713
1 0 25.00 = 25.00 ASSUM NAME # 2

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