



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2013 SEP 10 AM 9:21

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE  
STATE OF IDAHO

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

Kinsey Trucking

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

Name  
L. Todd Kinsey

Complete Address

605 E. Luncford Ln., Coeur d'Alene, ID  
83815

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

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

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

Todd Kinsey  
605 E. Luncford Ln.  
Coeur d'Alene, ID 83815

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: [Signature]

Printed Name: L. Todd Kinsey

Capacity/Title: Owner / Operator

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/10/2013 05:00  
CK: 8613 CT: 287339 BH: 1389358  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D165672