



Signature: d

Printed Name:

Capacity/Title: OWNER

Kevin J

(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. 2005 MAY 25 AM 9:37

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

The assumed business name which the und business is:	
2. The true name(s) and business address(es) business under the assumed business name Name Kevin J. Raiston	
3. The general type of business transacted und Retail Trade Wholesale Trade Construction	der the assumed business name is: and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Kevin J. Raiston 645 N. Mudstone Way Kuna Td. 83634	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	nt Phone number (optional): 208.922.1696
	Secretary of State use only

g-kcorptformstabn formstabn.p6 Revised 04/2003

IDAHO SECRETARY OF STATE
US/25/2006 05:00
CK: 4454 CT: 200687 BH: 956618
1 8 25.60 = 25.00 ASSUM NAME # 2