



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.

2007 FEB 13 AM 8: 28

SECRETARY OF STATE STATE OF IDAHO

	Mr. PAINT
business under the assumed business	ss(es) of the entity or individual(s) doing s name:
Name	Complete Address
CHRIS KUHLMAN	6417 SANTA CRUZ
	BOISE, ID 83709
:	
. The general type of business transact	ed under the assumed business name is:
Transpor	tation and Public Utilities
☐ Services ☐ Agricultu	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real E	state Name and \$25.00 fee to:
I. The name and address to which future	e Secretary of State
correspondence should be addressed	
•	Basement West
Chris Kuhlman	PO Box 83720
6417 Santa Cruz	Boise ID 83720-0080
Boise, ID 83709	208 334-2301
5. Name and address for this acknowle	dgment Phone number (optional):
CODY is (if other than # 4 above):	208-919-7667
	200- 111- 140 P
	Secretary of State use only
	2
nature: Chis h. Kullman	g
(eignature required) ted Name: CHRIS KUHLMAN	Section Sect
ted Name: CHRIS KUHLMAN	IDAHO SECRETARY OF STATE
pacity/Title:OWNER	\$
(see instruction # 8 on back of form)	1 0 25.00 = 25.00 ASSUM NAME

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