

Capacity/Title: <u>OWNER</u>

(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. 07 AUG 10 AM 8: 49

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is:  Chulitva Bill's Kandyman	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  William R. Cohen 70.  Jeremy S. Cohen 70.	Complete Address
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Saw AS #7	Submit Certificate of Assumed Business Name and \$25.00 fee to:  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):  WILLIAM Cohew  705 White Cloud DR.	Secretary of State use only
ignature: William R. Cohen solven as a cohen sol	IDAHO SECRETARY OF STATE

08/19/2007 05:00 CK: 1241659 CT: 172039 BH: 1869977 1 0 25.00 = 25.00 ASSUM NAME # 2