

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUL 25 AM 8: 57

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

KVO & COMPANY	
The true name(s) and business address(es) business under the assumed business name Name KARI L. VANORDEN	of the entity or individual(s) doing e: Complete Address 99 WEST 1000 NORTH, BLACKFOOT, ID 83221
The general type of business transacted un	der the assumed business name is:
Netali Hado	and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: KARI L. VANORDEN 99 WEST 1000 NORTH BLACKFOOT, ID 83221 5. Name and address for this acknowledgme copy is lif other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080 (208) 334-2301
Har Tank & Alan	Secretary of State use only Secretary of State use only 1DAHO SECRETARY
ignature: (signature required) KARI L. VANORDEN	rems-saon form:
Milled Ivalite.	Revise Revise
apacity/Title:OWNER	IDAHO SECRETAR

IDAHO SECRETARY OF STATE

07/25/2008 05:00

CK: 5029 CT: 228186 BH: 1128639
1 8 25.00 = 25.00 ASSUM NAME # 2

