



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.

FILED EFFECTIVE

08 OCT 31 AM 8:31

SECRETARY OF STATE
STATE OF IDAHO

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

KAGAN Property Management

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

Name

Complete Address

SHAUNIE BROWNING
K Bruce Lancaster

125 Linden Dr Idaho Falls Id 83401
125 Linden Dr, Idaho Falls Id 83401

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

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

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

125 Linden Dr
Idaho Falls, Id 83401

Submit Certificate of
Assumed Business
Name and ~~\$25.00~~ fee to:
25.00

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):

Zions Bank
1235 S Utah Ave
Idaho Falls Id 83402

Phone number (optional):

Signature: Shaunie Browning

(signature required)

Printed Name: Shaunie Browning

Capacity/Title: Sole Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
10/31/2008 05:00
CK: 131597186 CT: 112633 DH: 1142453
1 @ 25.00 = 25.00 ASSUM NAME # 2

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