

Capacity: Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

OCT 4 10 20 AM '01

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

SECRE 178 STATE

 The assumed business name which the undersigned use(s) in the transaction of business is: Koelzer Cabinetry, Woodworking ♥ Tile 	
2. The true name(s) and <u>business</u> address(es) of the ent business under the assumed business name: Name Richard Dale Koelzer Rti Ba	Complete Address 2x 108017 Homedale 1083628
3. The general type of business transacted under the as Retail Trade Transportation and Public Mholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Koelzer Cabinetry Woodworking Tile Rt / Box 1080A Home dale 10 83628	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208- 337-4829
Signature: <u>Aichard Dale Koeker</u> Printed Name: <u>Richard Dale Koeker</u> Capacity: Owner	IDAHO SECRETARY OF STATE 10/04/2001 05:00 CK: CASH CT: 152972 BH: 422655
Capacity.	CK: CASH CT: 1520/2 BH: 422555 1 @ 20.00 = 20.00 ASSUM NAME # 2

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