

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC 22 AM 9: 09

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

<ul> <li>KJ Enterprises</li> <li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li> </ul>	
Karen Johnson	20302 G. Street
	Acequia, ID 83350
Finance, Insurance, and Real Es  The name and address to which future correspondence should be addressed:  Karen Johnson  20302 G. Street	Name and \$25.00 fee to:  Secretary of State
Acequia, ID 83350	208 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above):	gment
nature: Karen Johnson	Secretary of State use only
nted Name: Karen Johnson	
pacity/Title: Ou) reer	
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nted Name:pacity/Title:	IDANO SECRETARY OF STATE  12/22/2011 05:00  CK: 1712 CT: 158610 RH: 13828  1 0 25:00 = 25:00 ASSUM NAME

bn.pmd Rev. 07/2010

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