

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFF: CTIVE

16069

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2021 MAY -6 AM 9: 21

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

- CONTROL STATE

The assumed business name which the undersigned business is:  Kopp Warm  The assumed business name which the undersigned business is:    Kopp Warm	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Victoria M. Keely 7/2	Complete Address
3. The general type of business transacted under the  Retail Trade Transportation and Poly Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Keep Walm   7/2   5th Ace Sc   Jampa ID \$3651	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
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):  208-463-0/44
Signature: //www.signature.equiped)  Printed Name: //ctorica T// Net/y	IDAHO SECRETARY OF STATE  95/86/2004 95=90  CK: 3999 CT: 158818 BH: 743434