

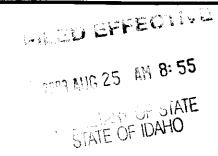
## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



| The assumed business name which the unbusiness is:  Kelly'5 Place  | idersigned use(s) in the transaction of   |
|--|---|
| 2. The true name(s) and business address(es business under the assumed business name  Name  Kelly Condit and                           | ne:  Complete Address  1002 Samuel St #85   |
| Roger Condie  3. The general type of business transacted un  | Pocutatio , ID 83204  |
| Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to:                                   |
| 4. The name and address to which future correspondence should be addressed:  Kelly Condie  1002 Samuel St +#85  Pocatello TO 83204     | 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 acknowledgme<br/>copy is (if other than # 4 above):</li> </ol>                                      | Phone number (optional):  208-251-1532  |
| Signature: Kelly Condu (signature required)  Printed Name: Kelly Condie  Capacity/Title: 2 2 2 2 4 2 2 4 2 4 4                         | Secretary of State use only    C  |