

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 59-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

01 NOV 19 10:59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

KC CAR CARE

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
<u>KEVIN CRAWFORD</u>	<u>PO Box 185 PINEHURST ID</u>
	<u>83850</u>

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

KEVIN CRAWFORD
PO Box 185
PINEHURST ID 83850

Phone number (optional):

208-682-4559

5. Name and address for this acknowledgment copy is (if other than # 4 above):

bankcda
1620 NW BLVD BUILDING A
DEER D AVENUE ID 83814

Signature: [Handwritten Signature]

Printed Name: KEVIN CRAWFORD

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

C:\admin\stan\form\cda\cda1.pdf
Revised 01/2001

IDAHO SECRETARY OF STATE
11/19/2001 05:00
CK: 3317 CT: 153714 BH: 438328
1 @ 20.00 = 20.00 ASSUM NAME # 2

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