

Signature: <

Printed Name:

Capacity/Title:

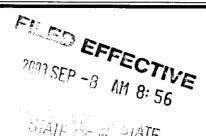
K.W.

OWNER

(see instruction # 8 on back of form)

## **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.

The assumed business name which the und business is:	lersigned use(s) in the transaction of
The true name(s) and business address(es) business under the assumed business name     Name     KEITH JENKERSON	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  KEITH TENKERSON  1556 GRAY STREET  RATHDRUM IDAHD  83858	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):  KEITH VENKERS ON	Phone number (optional):  208-687/370
1556 GRAY STREET	Secretary of State use only

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JENKERSON

IDAHO SECRETARY OF STATE 09/08/2003 65:00 CK: 1229 CT: 158818 BH: 788372 1 8 25.88 = 25.88 ASSUM NAME # 2

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