## FILED EFFECTIVE



Capacity/Title:\_

(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.

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

The assumed business name which the undersign business is:	gned use(s) in the transaction of
Kand S Communicat	ions
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Kimberley Shurtz  B	ne entity or individual(s) doing  Complete Address  1920 W. Fresad  Sove Id 83706
3. The general type of business transacted under t	he assumed business name is:
Retail Trade	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  Phone number (optional):
Signature: Signature required Printed Name: Kunbedey Sherte	IDANO SECRETARY OF STATE  OB/12/2005 05:00  CK: CASH CT: 108618 BH: 985955  1 8 25.88 = 25.89 0658M MOME 8