

business is:

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.

OI OCT 9 AM 9: 46
STATE OF TOANGATE
TOF 1. The assumed business name which the undersigned use(s) in the transaction of

business under the assumed business r Name KATHY SWINFORD	Complete Address 1318 Jackson, Boise, Idaho 83705	
	Submit Certificate of Assumed Business	
5. Name and address for this acknowled copy is (if other than #4 above): gnature: gnature: KATHY SWINFORD apacity: OWNER	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 10/09/201 05:0 CK: 2233 CT: 152216 BH: 423 1 0 26.00 = 20.00 ASSUM MAM	20

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