

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2009 SEP 29 PM 4:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filling.

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

Ks Magic Valley Upholstery

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Janet Kay Kirkpatrick

Complete Address

POB 2455, Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Janet Kay Kirkpatrick

POB 2455, Twin Falls, ID 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature:

(Signature required)

Printed Name: Janet Kay Kirkpatrick

Capacity/Title: Owner

(see instruction # 8 on back of form)

Information for filing
Assumed Business Name

IDAHO SECRETARY OF STATE
09/29/2009 05:00
CK: 316273 CT: 172899 Bkt 1189829
1 @ 25.00 = 25.00 ASSUM NAME # 2

D133901