

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTE

Pursuant to Section 53-504, Idaho Code, the undersigned 29 18:56 -9 41 9:40 submits for filling a certificate of Assumed Business Name.

Please type or print legibly.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

NOTE: See instructions on reverse before this	WAFO
The assumed business name which the undersign business is: Ken 5 Auto	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Kenneth S. Kazzee	he entity or individual(s) doing Complete Address RIT N. Lillian ST. Salmon I 83467
3. The general type of business transacted under Retail Trade Transportation and	the assumed business name is: d Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Kenneth Kazzee 217 N. Lillian 5t. Salmon, Id 83467 5. Name and address for this acknowledgment copy is (if other than #4 above):	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
	Secretary of State use only
Signature: Printed Name: Kenneth S. Kazze e Capacity/Title: Plesident	IDAHO SECRETARY OF STATE 12/09/2002 05 = 00 CK: 91133332694 CT: 158010 BH: 650165 1 9 20.00 = 20.00 ASSUM NAME # 2

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