

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

D122791

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

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing.

	KEVINZ CABINZ
The true name(s) and business address(es) of business under the assumed business name:     Name	
T/I ED CODEN	Complete Address 171 CLARKSTON ST IDAHO FALLS, ID 83401
	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
3. The general type of business transacted under	the assumed business
Retail Trade Transportation and Wholesale Trade Construction	
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
TYLER OGDEN DBA KEVINZ CABINZ	Basement West PO Box 83720
4171 CLARKSTON ST	Boise ID 83720-0080
IDAHO FALLS, ID 83401	208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
	Secretary of State use only
South	and the state of t
nature:	
nted Name: (signature required)  TYLER OGDEN	
nature:	W_2\\\ \C_\\ \C_\\\ \C_\\ \C_\\ \C_\\ \C_\\ \C_\\ \C_\\ \C_\\\ \C_\\ \C_\\\ \C_\\\ \C_\\\ \C_\\\ \C_\\\ \C_\\\ \C_\\\ \C_\\\ \C_\\ \C_\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
(see instruction # 8 on back of form)	CK: 281430 CT: 158010 BH: 1120 1 0 25.00 = 25.00 ASSUM MAME