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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, t submits for filing a certificate of Assumed B	S NAME FILED EFFECTIVE
Please type or print legibly.Lore LARY OF STATEInstructions are included on back of application.STATE OF IDAHO	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(er business under the assumed business nam <u>Name</u> KRISTI SWANSON	
<ul> <li>3. The general type of business transacted u</li> <li>Retail Trade</li> <li>Transportatio</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	n and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: KRISTI SWANSON 895 N. WINDFWWER AVE KINA, ID 83634	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme COPY is (if other than # 4 above):</li> </ol>	nt
Signature: Khwanm	Secretary of State use only
Printed Name: KEISTI SWANSON Capacity/Title: PROPRIETOR Signature: Printed Name:	13AHO SECRETARY OF STATE (92/98/2012 95:00 CK: 1140 CT: 158810 BH: 1389823 1 0 25.00 = 25.00 ASSUM NAME 0 2
Capacity/Title:	D153160