

CERTIFICATE UF
ASSUMED BUSINESS NAME 2012 NOV -2 PM 1: 42
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name.

Please type or print legibly.

Please type or print legibly.

STATE OF IDAHO

Instructions are included on back of application.

The true name(s) and <u>business</u> address(es business under the assumed business names) Name) of the entity or individual(s) doing ne: <u>Complete Address</u>
Kelly's Conoco Inc.	104 South State, Preston, ID 83263
(C136057)	
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	ader the assumed business name is: and Public Utilities Submit Certificate of
☐ Manufacturing☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street
Kelly Spackman	PO Box 83720 Boise ID 83720-0080
PO Box 127	208 334-2301
Preston, ID 83263 5. Name and address for this acknowledgmen copy is (if other than # 4 above): 380 \$ 2400 W	t
Le wiston, VT \$4320	Secretary of State use only
rinted Name: Kelly Spackman	
HILLOU INDIII C., .,	

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
11/02/2012 05:00
CK: 3541 CT: 275894 BH: 1346299
18 25.00 = 25.00 ASSUM NAME # 2

Signature: _

Printed Name: _

Capacity/Title: