

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

**FILED/EFFECTIVE**  
NOV -6 AM 9:58  
STATE OF IDAHO



Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Wendell Drug Center

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

Name  
K2 Red, LLC  
W 194

Complete Address  
526-L Shoup Ave W  
Twin Falls Id 83301

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Phone number (optional): \_\_\_\_\_

K2 RED, LLC  
526-L Shoup Ave W  
Twin Falls Id 83301

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

D. L Evans Bank  
P.O. Box 87  
Twin Falls, ID 83303

Signature: Daniel S. Fuchs

Printed Name: Daniel S. Fuchs

Capacity: Member

(see instruction # 3 on back of form)

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

IDAHO SECRETARY OF STATE

11/06/2000 09:00  
CK: 952274 CT: 138112 BH: 359891

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 40289

Revision 2/97

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