



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2016 NOV -4 PM 1:58

SECRETARY OF STATE
STATE OF IDAHO

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

COLOR BOX STUDIO

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

KMH GROUP LLC 1801 CULVERS DRIVE #2 SANDPOINT, ID 83864

(Name) W163388 (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

COLOR BOX STUDIO K. HUBBARD

(Name)

P.O. BOX 472

(Address)

SANDPOINT ID 83864

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: KATHLEEN HUBBARD

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/04/2016 05:00

CK:1087 CT:330901 BH:1553993
10 25.00 = 25.00 ASSUM NAME #4

D190229