

Capacity/Title:\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## Please type or print legibly. Instructions are included on back of application.

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CERTIFICATE OF  ASSUMED BUSINESS I  Pursuant to Section 53-504, Idaho Code, the usubmits for filing a certificate of Assumed Businesse type or print legibly.  Instructions are included on back of applications.	indersigned 9.
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> <li>Funky Sρun</li> </ol>	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Debra Kfuf	
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  POB 99  314 Overlake View Fd  Cocolala ID 83813	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):  Debra Kunp  fob 99  Cocolalla, ID 83813	Secretary of State use only
Signature: <u>Jebra Krup</u> Printed Name: <u>Debra Krup</u> Capacity/Title: Owner	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	04/13/2012 05:00 CK: 1238 CT: 269241 BH: 1319598 1 & 25.88 = 25.00 ASSUM NAME # 2