

Signature: Signature

Capacity/Title:

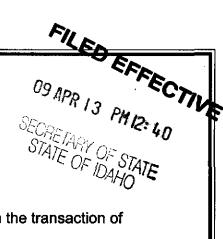
Printed Name: Ann

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.



The true name(s) and business address(es) of the business under the assumed business name:	.,,
Name	Complete Address
Fill Niger	roppes Form IN
	(183805
3. The general type of business transacted under to	
Wholesale Trade Construction	
☐ Services ☐ Agriculture	Submit Certificate of Assumed Business
☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
Hon Kizer - Feline Fibers	Boise ID 83720-0080
2 Cossard Lake Rd.	(208) 334-2301
Borners Ferry 10 83805	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
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Revised 04/2003

IDAHO SECRETARY OF STATE 94/13/2009 95:00

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