

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO

99 APR -5

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

SECRETARY OF STATE  
STATE OF IDAHO

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

LOST RIVER WHOLESALE

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	Complete Address
<u>KIMBERLY DEE MCCONKEY</u>	<u>308 E 43RD #3</u>
	<u>BOISE, ID 83714</u>

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 checked="" 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 Phone number (optional): 208/378-0446

LOST RIVER WHOLESALE  
KIMBERLY DEE MCCONKEY  
308 E 43RD #3  
BOISE ID 83714

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

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

Signature: Kimberly McConkey

Printed Name: KIMBERLY MCCONKEY

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/06/1999 09:00  
CK: none CT: 113688 BH: 284523

1 @ 20.00 = 20.00 ASSUM NAME # 2

D24752

Revision 2/87

g:\ccpforms\labn pm6