



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 SEP 13 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

LAPKLS

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

Name

Complete Address

KARAMBAS INC
(C175840)

1717 W STATE ST
BOISE

ID 83702

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

TRACY ALLEN
1717 W State ST
BOISE ID 83702

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

Signature: T ALLEN

Printed Name: TRACY ALLEN

Capacity/Title: PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

0142054

IDAHO SECRETARY OF STATE
09/13/2010 05:00
CK: 1246 CT: 251169 BH: 1238584
1 @ 25.00 = 25.00 ASSUM NAME # 2