7	
CERTIFICATE C	F FILED EFFECTIVE
ASSUMED BUSINES	SS NAME
Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assume	e, the undersigned
Please type or print legibly.	SECRETARY OF STATE
NOTE: See instructions on reverse be	efore filing. STATE OF IDAHO
1. The assumed business name which the	undersigned use(s) in the transaction of
business is:	
K.S. Family S	urvices
 The true name(s) and business address 	
business under the assumed business n	name:
Name	Complete Address
Krystal SchvaneveldT	54 Sunnyside Dr. Jurome. Id 8338
	- glione. Id X8000
3. The general type of business transacted	1 under the assumed business name is:
🗌 Retail Trade 🔄 Transporta	tion and Public Utilities
Wholesale Trade Constructi	ion
Services Agriculture	
Manufacturing Mining	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Est	ate
4. The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720 Boise ID 83720-0080
Krystal Schvaneveldt	(208) 334-2301
54 Sunnyside Dr	
Jerone, Il 83338	
5. Name and address for this acknowledge	gment
COPY IS (if other than # 4 above):	
D.L. Evans Bunk	Secretary of State use only
<u>980 S. Lincoln</u> Jerome, Jd 83338	
N A A	
Signature Studente Schuled	
Printed Name: Krystal Schvaneveldt	IDAHO SECRETARY OF STATE IDAHO SECR
Capacity/Title: owner	5/10/2010 05:00 CX: NI CX # CT: 156010 BH: 12214
(see instruction # 8 on back of form)	1 0 25.86 = 25.00 ASSUN NAME I
	D139081
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