

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.



1.	The assumed business name which the undersigned use(s) in the transaction of business is: Lisa Kohl Idaho The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):					
2.						
	Lisa Kohl	6338 Lion Avenue. Boise, 1D 83709				
	(Name)	(Address)			 _	
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)	_ 			
3.	The general type of busin Retail Trade Wholesale Trade Services	ess transacted under the Construction Agriculture Manufacturing	☐ Tr	siness name is: ansportation and Public Ut lining nance, Insurance, and Rea		
4.	Mailing address for future Lisa Kohl (Name) 6338 Lion Avenue (Address) Boise, ID 83709 (City)	correspondence: (State) (Zipcode)		nd address for this acknowl other than # 4): (State)	ledgment	
Printed Name: Lisa Kohl Signature: Printed Name: Signature:			Secretary of State use only IDAHO SECRETARY OF STATE 03/09/2018 D5:00 CK:2087 CT:314254 BH:1631290 16 25.00 = 25.00 ASSUM NAME #2			
Printed Name				D 201001		

Rev. 08/2015