

Capacity/Title: Owner

Printed Name: /Jan Kidd Capacity/Title: Owner

Signature: \_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

10 JUL 26 AM 9: 00

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

The true name(s) and <u>business</u> addre	ess(es) of the entity or individual(s) doing ss name:
<u>Name</u>	Complete Address
Kelly K. Kidd	100 S 890 E, Dedo, ID 83323
Jan Kidd	100 S 890 E, Declo, ID 83323
<ul> <li>✓ Wholesale Trade ☐ Constru</li> <li>☐ Services ☐ Agricult</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Expression</li> </ul>	ure Submit Certificate of Assumed Business
The name and address to which futul correspondence should be addressed Kelly or Jan Kidd	d: 450 North 4th Street PO Box 83720
PO Box 172	Boise ID 83720-0080 208 334-2301
Declo, ID 83323	<del></del>

IDAHO SECRETARY OF STATE 97/26/2010 05:00 CK: 3199 CT: 158010 BH: 1232022 1 8 25.00 = 25.00 ASSUM MAME #