

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2005 HAY 24 37 8: 24

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

EXTOLIGHT OF IDAHO 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
RONNIE R ZABEL	5451 W KUNA RD
	KUNA, ID 83634
3. The general type of business transacted Retail Trade	d under the assumed business name is:
Wholesale Trade Construction	
Services 🗸 Agriculture	
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Est	ate Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
KATOLIGHT OF IDAHO	Basement West PO Box 83720
5451 W KUNA RD	Boise ID 83720-0080
KUNA, ID 83634	208 334-2301
5. Name and address for this acknowledge	 gment Phone number (optional):
COPY IS (if other than # 4 above):	208-467-5090
	Secretary of State use only
	- Jg
nature: White W. J. Le	notation of the state of the st
(signature required)	7. (liq
nted Name: Nowne R. ZA	IDAHO SECRETARY OF S

IDAHO SECRETARY OF STATE

05/24/2005 05:00

CK: 13899 CT: 158910 BH: 812223

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