



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

2014 JAN 29 AM 9:32

STATE OF IDAHO  
SECRETARY OF STATE

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

**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:

Complete Property Management

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

Name

Kallie Anna Carney

Complete Address

1977 Laura Cir. Twin Falls, ID 83301

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Kallie Anna Carney DBA Complete Property Ma

1977 Laura Cir.

Twin Falls, ID 83301

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: \_\_\_\_\_

Printed Name: Kallie Anna Carney

Capacity/Title: Owner

Signature: Kallie Anna Carney  
Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDaho SECRETARY OF STATE  
01/29/2014 05:00  
CK: 1002 CT: 231401 BH: 1480052  
1 0 25.00 = 25.00 ASSN NAME # 2

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