

CERTIFICATE OF ASSUMED BUSINESS NAME LILLS EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 14 Jan - 6 Am 10: 47

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

NOTE. See instruction	
1. The assumed business name which the undersign	gned use(s) in the transaction of
1. The assumed pusitiess have	
business is:	
Kaiya artworks	
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing 4. The true name(s) and <u>business</u> name:	
business under the assumed business name:	A laborar
NI	Complete Address
<u>Kaiya Owida Tyson</u>	1419 E. Tefferson St.
Marya Mual	Boise, ID. 83712
	Librarinasa nama isi
3. The general type of business transacted under	the assumed business name is.
7. Transportation and	d Public Utilities
Retail Hade	
Wholesale Hade 🗀	Submit Certificate of
Services Agriculture	Assumed Business
Manufacturing Mining	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	O make a f State
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
	PO Box 83720
Kaiya Cuida Tyson 1419 E. Jefferson St.	Boise ID 83720-0080 208 334-2301
1419 F. JETTERS ST.	200 334 233 !
Boise, ID. 83+12	Phone number (optional):
5. Name and address for this acknowledgment	
COPY IS (if other than # 4 above):	208 724 4831
	(0.4
	Secretary of State use only
) st.
Signature: (signature required)	IDAHO SECRETARY OF STATE
	IDAHO SECRETARY OF STATE 176/2004 05 = 00 CK: 3748 CT: 158818 BH: 728143 1 9 25.86 = 25.88 ASSUM NAME # 2
Printed Name: Kaiya Guida Tyson	1 9 25.06 = 25.06 ASSUM NAME # C
Capacity/Title:	S SIGNI
(see instruction # 8 on back of form)	D 1/100