

Printed Name: Kathleen

(see instruction # 8 on back of form)

Capacity/Title: <u>OWNCY</u>

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigne (1) 0CT -8 AM 8: 44 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

STATE OF IDAHO

2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Kathleen  Cantu 44	the entity or individual(s) doing  Complete Address  2 WAINUT TWIN FAILS TO
3. The general type of business transacted under the Retail Trade Transportation and Wholesaie Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:    KATHUEN CANTULY WAINUT TWIN FAILS TO 83301     Name and address for this acknowledgment copy is (if other than # 4 above):	
	208- 733- 1265

9:\corp\forms\abn forms\abn Revised 04/2003

IDAHO SECRETARY OF STATE
10/08/2003 05:00
CK: 1007 CT: 158810 RH: 785547
1 0 25:00 = 25:00 ASSUM NAME # 2

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