

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

11 MAR 30 AM 8: 34

SECRE BY OF STATE STATE OF IDAHO

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

	MINUS THE WICK	·
The true name(s) and <u>business</u> as business under the assumed business Name		entity or individual(s) doing <u>Complete Address</u>
MIMI KIM	2513 PRO	DSPECT DR APT 3, IDAHO FALLS ID
	83401	
3. The general type of business tran		
☐ Wholesale Trade ☐ Con	sportation and Put struction culture ing	Submit Certificate of
Finance, Insurance, and Re	al Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which f correspondence should be address 2513 PROSPECT DR APT 3		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
IDAHO FALLS ID 83401		208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above). 1235 S UTAH AVE IDAHO FALLS, ID 83402	wledgment	
		Secretary of State use only
mini ki		
rinted Name: MIMI KIM		
apacity/Title: SOLE OWNER		
gnature:		IDAHO SECRETARY OF STAT
rinted Name:		03/30/2011 05: CK: 1444561 CT: 112633 BH: 1 @ 25.08 = 25.00 ASSUM >
Capacity/Title:		1 @ 25.08 = 25.00 ASSUM N

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