

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. (2) AUG 26 PM 3: 49

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

SECRETALLY OF STATE STATE OF IDAHO

The assumed business name which the under business is:	rsigned	d use(s) in the transaction of
<u>.</u>		
Kinneys Lit'l a	inge	15
The true name(s) and <u>business</u> address(es) or business under the assumed business name:	of the er	entity or individual(s) doing
<u>Name</u>		Complete Address
	1541_1	W. Crested Butte Ave Nampa, 11) 836
3. The general type of business transacted under	er the a	assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction	ınd Put	blic Utilities
<ul> <li></li></ul>	i	Submit Certificate of
☐ Manufacturing ☐ Mining	ı	Assumed Business
Finance, Insurance, and Real Estate	ı	Name and \$25.00 fee to:
		Secretary of State
The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson
correspondence should be addressed:		Basement West
same		PO Box 83720 Boise ID 83720-0080
		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	t	Phone number (optional):
copy is (if other than # 4 above):		
Sam		A
our n		Secretary of State use only
	990	~~~~
Signatura: O 4 4 4)	skabn.	128357
Signature: (Imarchaet une (signature required)	in form.	IDAHO SECRETARY OF STATE
Printed Name: Amanda Kinney	g. corplicms labn forms labn. p65 Revised 04/2003	08/26/2003 05:00 CK: 2188 CT: 158010 BH: 698465 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: Owner	book B	