

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

2012 AUG 16 AM 10: 26

SECRETARY OF STATE STATE OF IDAHO

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

1.	The assumed business name which the unbusiness is:	_	d use(s) in the transaction of
	K.S. IN	DUSTRIAL	
2.	The true name(s) and <u>business</u> address(e business under the assumed business name Name JOHN MARTINEZ	me:	ntity or individual(s) doing Complete Address ASSY COVE LOOP APT #101
			D 83651
		TUSION A II	3 00001
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Agriculture		
	✓ Services	•	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: SAME		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
			Secretary of State use only
_	ature		
	ed Name: JOHN MARTINEZ		
Capa	cfty/Title:_OWNER		
Signa	ture:	ž.	IDAHO SECRETARY OF STATE 08/16/2012 05:00
Printe	ed Name:		CK: 1100262 CT: 172099 BH: 1336127 1 0 25.00 = 25.00 ASSUM MAME # 2
Capa	city/Title:		_

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