## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

O7 OCT 31 AM 11: NO CARECY SECRETARY OF STATE STATE OF IDAHO

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

| business under the assumed business na<br>Name   |  |
|--|--|
| · ·  | Complete Address                             |
| KMAS INC.  | 4008 GAT: HY Blul                            |
| C.135687   | MAMPA ID 83687                               |
| The general type of business transacted u  | inder the assumed business name is:          |
| Retail Trade   | on and Public Utilities                      |
| Services Agriculture   | Submit Certificate of                        |
| <ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul> | Assumed Business Name and \$25.00 fee to:    |
| The name and address to which future correspondence should be addressed:                         | Idaho Secretary of State<br>450 N 4th Street |
| \$ Same AS About   | PO Box 83720<br>Bolse ID 83720-0080          |
|  | (208) 334-2301                               |
|  |  |
| Name and address for this acknowledgment   | ent  |
| CODY IS (if other than # 4 above):   |  |
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|  | Secretary of State use only                  |
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