

Signature: Aunqua 1 4

Printed Name: KAMLICE

Capacity/Title: <u>Dresident</u>

(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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



2003 MAR -4 AM 8:51

STATE OF IDAMO

1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name	2:
	<u>Name</u>	Complete Address
	Karraice Cotterell	448 W. Colorado Ave
		Nampa, Tolaho EZ1086
3.	The general type of business transacted under the assumed business name is:	
	<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Agriculture</li> </ul>	and Public Utilities  Submit Certificate of
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$20.00 fee to:
4.	The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
	IdahoFlite 448 W. Coleman Ave	PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	. Name and address for this acknowledgme	ent Phone number (optional):
	COPY is (if other than # 4 above):	466-8238
		Secretary of State use only
		Abn 365

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