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.

FILED EFFECTIVE

07 SEP 21 AM 8: 23

SECRETARY OF STATE STATE OF IDAHO

- 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name LIZ Kime **Complete Address**

P.O. Box 812 304 West 8 Street Shoshone, Idaho 83352

3. The general type of business transacted under the assumed business name is:

Retail Trade

Transportation and Public Utilities

Wholesale Trade
Services - Jonnalia

Construction Agriculture

Manufacturing

Mining

Finance, Insurance, and Real Estate

4. The name and address to which future

correspondence should be addressed:

Liz Kinc

Lio. Box 812

Shoshore Jokho 83352

5. Name and address for this acknowledgment copy is (if other than #4 above):

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Phone number (optional): 208-308-6365

Secretary of State use only

Signature: Skume (signature requ

Printed Name: Liz Kime

Capacity/Title: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

99/21/2007 05:00

CK: 2222 CT: 158010 BH: 1076726

1 25.00 = 25.00 ASSUM NAME # 2

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