

Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 2426 126 126 8: 50

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

Owner

(see instruction # 8 on back of form)

The true name(s) and business address(es) of business under the assumed business name	of the entity or individual(s) doing :
Name	Complete Address
Kimberly McConnaghy	P.O. Box 41 Tendoy, ID 83468
The general type of business transacted und	ler the assumed business name is:
LI Netali Hado	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of Assumed Business
Manufacturing Mining	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	, tallio alla 12
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Little Munchers c/o Kimberly McConnaghy	PO Box 83720
P.O. Box 41	Boise ID 83720-0080
Tendoy, ID 83468	208 334-2301
	Phone number (optional):
Name and address for this acknowledgme	208-756-3844
COPY IS (if other than # 4 above).	
	Secretary of State use only