

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.

11 DEC -2 AM 8: 55

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

SECREDAY OF STATE STATE OF IDAHO

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2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Kirsten Hancock 3. The general type of business transacted in the property of th	ame: Complete Address 578 Cypress Way Twin Falls, ID 83301 under the assumed business name is: on and Public Utilities
	on and Public Utilities
Wholesale Trade Construction	
✓ Services	Submit Certificate of Assumed Business te Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Kirsten Hancock	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
578 Cypress Way Twin Falls, ID 83301	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
nature: Awsternamouk	Secretary of State use only
nted Name: Kirsten Hancock	
pacity/Title: Owner, Director nature:	- IDAHO SECRETARY OF STATE 12/02/2011 05:00 CK: 1121 CT: 218924 BH: 1300104 1 8 25.00 = 25.00 ASSUM MANE N
nted Name: pacity/Title:)