



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.

Secretary of State
Business Entities
www.idaho.gov/state.id.us/

FILED EFFECTIVE
2005 FEB 16 AM 9:24
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

K & C Kreationz

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

Name

Complete Address

Kevin Mallory

26324 N. Warren Rd Athol, ID 83801

Cecelia Mallory

26324 N. Warren Rd Athol, ID 83801

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

K & C Kreationz

26324 N. Warren Rd

Athol, ID 83801

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

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

(same)

Phone number (optional):

Signature: Cecelia Mallory

(signature required)

Printed Name: Cecelia Mallory

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
02/16/2005 05:00
CK: 7702 CT: 158010 BH: 793533
1 @ 25.00 = 25.00 ASSUM NAME # 2

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