

CERTIFICATE OF FILED/EFFECTIVE 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. 02 MAY 17 PM 3:41

STEAD SARY OF STATE

NOTE: See instructions on reverse before filing. STATE OF STATE	
1. The assumed business name which the undersigned use(s) in the transaction of	
1. The assumed business name which the analysis business is: TOHNS HOME REPAIR ENTERPRIZES	
TOURINGS HOME REPAIR	R ENTERPREZES
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name: Name	Complete Address
TOHN G KENNEY 624	1174 AU SO EXT
NAMBA	
→ D4	40 83686
The general type of business transacted under the assumed business name is:	
3. The general type of business transacted under the	U. HAMMA
Retail Trade Transportation and Pub	IIC Utilities
Construction r	Submit Certificate of
Services Agriculture	Assumed Business
Manufacturing Mining	Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West PO Box 83720
JOHN G KENNEY	Boise ID 83720-0080
624 11TH AV SO EXT	208 334-2301
NAMMA ID 83684	Phone number (optional):
Name and address for this acknowledgment	208-4/cb-6210
copy is (if other than # 4 above).	406 - 400
	Secretary of State use only
The state of the s	
Signature:	
Printed Name: JOHN G KENNEY	IDAHO SECRETARY OF STATE 05/20/2002 05:00
- 1 - 2 - D	CK: 2787 CT: 158910 BH: 466525 1 @ 20.00 = 20.00 ASSUM WAME # 2
Capacity: (see instruction # 8 on back of form)	2 55044