

Printed Name:

(see instruction #8 on back of form)

Capacity:

CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name JAN 15 AM 8: 52

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

STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the	ne entity or individual(s) doing
business under the assumed business name: , Name	Complete Address
Ken Samford 22	LIZ TOOL AVE
her semmer	mpa In 83651
The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and	l Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Kon Can Front	Basement West PO Box 83720
1212 FORE CL	Boise ID 83720-0080
2010 JOUL FOR	208 334-2301
11011110 111 85051	
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208-870-7376
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IDAHO SECRETARY OF STATE **21/15/2002 25:00** CK: 1945 CT: 155779 BH: 446286 1 2 20.88 = 20.88 ASSUM NAME # 2