

CERTIFICATE OF ASSUMED BUSINESS NAME 10 AUG -9 AM 8: 41

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRE ARY OF STATE STATE OF IDAHO

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

	Keelan's Krafts			
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> <u>Megan S. Pond</u>	· · · · · · · · · · · · · · · · · · ·		
		Nampa, ID 83687		
3.	The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate			
4.	The name and address to which future correspondence should be addressed: Keelan's Krafts 16772 Snowgoose St. Nampa, ID 83687		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	-	
			Secretary of State use only	
Printe	Signature: <u>Megan S. Pond</u> Printed Name: Megan S. Pond Capacity/Title: Owner		0141293	
-	iture:		IDAHO SECRETARY OF STATE	
Printe	Printed Name:		O8/09/2016 05:00 CK: 2341 CT: 250251 BH: 1233865 1 9 25.00 = 25.00 ASSUM NAME # 2	
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abn.pmd Rev. 07/2010