



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 MAR 15 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

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

Helping Hand Caregivers

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

KSR, Inc.

66 PEREGRINE DR BOISE ID 83716

(Name)

(Address)

0129502

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Steve Williamson

(Name)

66 Peregrine Dr

(Address)

Boise, ID 83716

(City)

(State)

(Zipcode)

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

Rhonda Williamson

(Name)

66 Peregrine Dr

(Address)

Boise, ID 83716

(City)

(State)

(Zipcode)

Printed Name: Rhonda Williamson

Signature: [Signature]

Printed Name: Steve Williamson

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/15/2017 05:00

CK:8636 CT:278441 BH:1573805
1@ 25.00 = 25.00 ASSUM NAME #2

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