

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

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CERTIFICATE OF ASSUMED BUSINESS I Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Bus Please type or print legibly.	undersigned 0 2 9 9.
Instructions are included on back of applic	ation.
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Kimberly A Allen	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Busy Bec Bookkeeping Kimberry A Allen 1120 E 720 N Richfield, Tog 5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 26/21/2012 05:20 CK: 19441356243 CT: 271645 BH: 1329187
Capacity/Title:	1 9 25.88 = 25.80 ASSUM NAME # 2
	1)104,40

abn.pmd Rev. 07/2010