

Printed Name: _

Capacity/Title:_

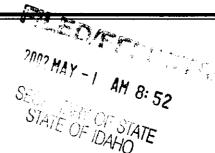
(see instruction # 8 on back of form)

CERTIFICATE OF 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 filling.



KLU MOUNTAIN DUTERWEAR		
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing	
Name	Complete Address	į
KEVIN KEEFE 373	35 MICHELLE ST IDNTO 1	4//s, 10
SHEVIA KERFE	SAME	/
The general type of business transacted under the	e assumed business name is:	
Retail Trade Transportation and P	ublic 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	
,	Basement West	
KEVIN KEEFE	PO Box 83720	
3735 KIICHETLE	Boise ID 83720-0080 208 334-2301	
10A16 MUS 10 83601	206 334-2301	
Name and address for this acknowledgment	Phone number (optional):	
	· • • • • • • • • • • • • • • • • • • •	
CODV IS (if other than # 4 above).	208 524 6180	1
COPY IS (if other than # 4 above):		

Revised 01/2001

IDAHO SECRETARY OF STATE 95/91/2002 05:00 CK: 1687 CT: 158010 BH: 462947 1 8 20.00 = 20.00 ASSUM NAME # 2

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