Capacity: <u>Owner</u>

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUM (Please type or print legibly. So	IED BUS	INESSAME (S) EFFE
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	o Code, the ι	undersigned 7 Align.
1.	The assumed business name which the und business is: Own Ken Enter	,	e(s) in the transaction of E
2.	The true name(s) and business address(es) business under the assumed business name Name Dunken 1	e is/are:	plete Address
		WIN FAL	ls, 10 83301
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	☐ Fina	_
4.	The name and address to which future Placerrespondence should be addressed:	none number	(optional): <u>208 - 733 308</u> 8
	147 Caswell Ave W		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above): - Same -	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Revision 12/89	Secretary of State use only
Signati	ure: Julie & Durker	l æ	
Printed Capac	ity: Owner,	rstabn.p65	IDAHO SECRETARY OF STATE 04/17/2002 05:00 CK: 2921 CT: 158010 BH: 459862 1 0 20.00 = 20.00 ASSUM NAME # 2

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