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CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00. FILED EFFECTIVE

SECRETARY OF STATE

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

K2 Cabin

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):

Kristen K. I	D'Antoni	2245 E Greenbrier Dr., Idaho Falls, ID 83404					
(Name)		(Address)	•••••				
(Name)		(Address)					
(Name)		(Address)					
(Name)		(Address)			<u></u>		
3. The general	type of busines	ss transacted under the	e ass	sumed busi	ness name is	:	
 ☐ Retail T ☐ Wholes ☑ Service 	ale Trade	 Construction Agriculture Manufacturing 		🗌 Min	nsportation ar ing ince, Insuran		
4. Mailing add	ress for future c	orrespondence:	5.	Name and copy is (if oth	address for t	his acknow	ledgment
Kris D'Anto (Name) 2245 E Gre (Address) Idaho Falls,	enbrier Dr. , ID 83404			(Name) (Address)			
(City)	(5	State) (Zipcode)		(City)		(State)	(Zipcode)
Printed Name: Kristen K. D'Antoni				Secretary of State use only			
Signature: <u>ANULA M AUCTAR</u> Printed Name:				IDAHO SECRETARY OF STATE 07/11/2017 05:00			
Signature:					123 CT 34 5.00 = 25.		
Printed Name:						15725	
Signature:					7		