## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of reverse.)

	(Please type or print legibly. See instructions on reverse.)		
	To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned 10  gives notice of adoption of an Assumed Business Name.		
1.		use(s) in the transaction of	
2.	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Kan Cunewington 225 AG	omplete Address トレン	
	Talo Talo	falls Idaho	
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3.	. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	VVnolesale I rade   Agriculture   F	ransportation and Public Utilities nance, Insurance, and Real Estate ining	
	The name and address to which future correspondence should be addressed:		
	225 ASL #7	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
,	Idaho Falls Idaho 83402	Secretary of State	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080	
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Signature: KzD Cunrandon

Printed Name: KzD Cunnandon

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

05-5714

IDAHO SECRETARY OF STATE 66/11/2002 65:00 CK: 16629 CT: 31623 BH: 471063 1 8 20.80 = 20.80 ASSUM NAME # 2