

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

FILED EFFECTIVE

2013 MAY 30 AM 8: 51

Please type or print legibly. Instructions are included on back of application.

The true name(s) and <u>business</u> add business under the assumed busine Name	dress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u>
JUSTIN KING	417 SANDY RIDGE RD NAPLES,ID 83847
ELIZABETH KING	417 SANDY RIDGE RD NAPLES,ID 83847
Retail Trade Transp	acted under the assumed business name is: cortation and Public Utilities truction ulture
Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
 The name and address to which fut correspondence should be address JUSTIN KING 	sed: 450 North 4th Street PO Box 83720
417 SANDY RIDGE RD NAPLES, ID 83847	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowl copy is (if other than # 4 above):	edgment
Signature: Art 11-12	Secretary of State use only
Printed Name: JUSTIN KING	
Capacity/Title: OWNER	
signature:	
rinted Name: ELIZABETH KING	IDAHO SECRETARY OF STATE
Capacity/Title: OWNER	

abn.pmd Rev 07/2010

CK: 655117 CT: 158010 BH: 1375987 1 0 25.00 = 25.00 ASSUM MANE # 2

D 163565