

Capacity/Title:\_\_

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

10 NOV 12 AM 8: 32

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

SECRETARY OF STATE STATE OF IDAHO

Tid	уТор
The true name(s) and <u>business</u> address(es business under the assumed business nam Name  Carla P. Kirby	) of the entity or individual(s) doing le: <u>Complete Address</u> 1521 Northshore Drive, Sandpoint, ID 83864
The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction	der the assumed business name is: and Public Utilities
<ul><li>☐ Services</li><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  Carla P. Kirby	Secretary of State 450 North 4th Street PO Box 83720
1521 Northshore Drive Sandpoint, ID 823864	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above): same as above	
ature: Carla P. Kirly	Secretary of State use only
ed Name: Carla P. Kirby	
city/Title: Owner ture:	IDAHG SECRETARY OF ST 11/12/2010 05 CK: 10893 CT: 158818 BH:
ed Name:	1 9 25.00 = 25.00 ASSUM
acity/Title:	D14340