

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 APR 21 AM 8: 39

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

SECREL BY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address business under the assumed business n <u>Name</u> Katie L. Bauer	1 . 1 =
Wholesale Trade Construction	tion and Public Utilities
✓ Services☐ Agriculture☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Twin Falls, ID 83301 5. Name and address for this acknowledge copy is (if other than # 4 above):	
signature: katri baw	Secretary of State use only
Printed Name: Katie Bauer #208-280-0809	- -
Capacity/Title: Owner	_
ignature:	_ IDAHO SECRETARY OF STATE 64/21/2011 05:00
Printed Name:	CK: 1174 CT: 258003 BH: 1270266 1 8 25.00 = 25.00 ASSUM NAME #

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