

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 JAN 19 AM 8: 34

SECRETARY OF STATE STATE OF IDAHO

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

	WILLIAMS PROPE			
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address			
	KENYA LEIGH WILLIAMS 423 FOR		REST VALE CIRCLE	
	TWIN FA		LLS ID 83301	
3.	The general type of business transacted under the assumed business name is:			
	 □ Retail Trade □ Wholesale Trade □ Construction □ Services □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate 		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: KENYA LEIGH WILLIAMS 423 FOREST VALE CIRCLE		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080	
	TWIN FALLS ID 83301		208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	·	
	Kanna 197106-2-7-		Secretary of State use only	
	ture: Kenya Williams			
	d Name: KENYA LEIGH WILLIAMS	ļ		
	city/Title: OWNER			
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apacity/Title:				

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