



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

**FILED EFFECTIVE**  
**2017 JUL 10 AM 10:20**

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction is:

KR Consulting Services

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Krista Ravenscroft                      8881 W Brookview Dr, Boise, Idaho 83709  
(Name)    (Address)

Kris Ravenscroft                      8881 W Brookview Dr, Boise, Idaho 83709  
(Name)    (Address)

\_\_\_\_\_  
(Name)    (Address)

\_\_\_\_\_  
(Name)    (Address)

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Krista Ravenscroft  
(Name)  
8881 W Brookview Dr  
(Address)  
Boise, Idaho 83709  
(City)    (State)    (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City)    (State)    (Zipcode)

Printed Name: Krista Ravenscroft

Signature: *Krista Ravenscroft*

Printed Name: Kris Ravenscroft

Signature: *Kris Ravenscroft*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
**07/11/2017 05:00**  
CK:1051 CT:342388 BH:1592840  
10 25.00 = 25.00 ASSUM NAME #2

*D195737*