



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

10 AUG 19 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

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

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

BLIND DRIVER

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Kenny Saunders</u>	<u>2525 S. Johns ave</u>
<u>Joel Kasserman</u>	<u>Emmett Id. 83617</u>
	<u>3000 Stonepoint Boise ID 83712</u>

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

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Kenny Saunders
2525 S. Johns ave
Emmett Id. 83617

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

Maria Velasco Idaho Central Credit Union
10990 Fairview ave
Boise Id. 83713

Signature: Kenny Saunders

Printed Name: Kenny Saunders

Capacity/Title: band member

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/19/2010 05:00
CK: 9383 CT: 250545 BH: 1235478
1 @ 25.00 = 25.00 ASSUM NAME # 2