

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.

11 SEP -7 PM 3:52

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

STATE OF IDAHO

1. The assumed business name which the un business is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Lonnie D. Kuenz II	, , , , ,
3. The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction 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: 6210 Levi Ln Meripian TD 83644	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt
	Secretary of State use only
Printed Name: Lonnie Kuenz II Capacity/Title: Owner	0149978
Signature:	IDAHO SECRETARY OF STATE 09/07/2011 05:00
Printed Name:	CK: 9901 CT: 262244 BH: 1289513 1 0 25.00 = 25.00 ASSUM NAME # 2