

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: All A Board	
The true name(s) and business address(es business under the assumed business nam Name Kenny McKnight	of the entity or individual(s) doing ne: Complete Address 443 Parkway Cir., Twin Falls, ID 83301
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: All A Board 443 Parkway Cir Twin Falls, ID 83301	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	(208)539-4758 Secretary of State use only
Printed Name:	IDAHO SECRETARY OF STATE OP/01/12/15/01/01/01/01/01/01/01/01/01/01/01/01/01/

1 @ 25.00 = 25.00 ASSUM NAME # 2

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