

## 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 APR 21 AM 8: 46

SECRETARY OF STATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

es.	· · · · · · · · · · · · · · · · · · ·
1. The assumed business name which the un	ndersigned use(s) in the transaction of
business is:	
YOUD CD+	
	*
2. The true name(s) and business address(es	s) of the entity or individual(s) doing
business under the assumed business nam	
Name	Complete Address
Kimber Folkeraag	3625 Sky Harbor Drive
	Coeur d'Alene. Id.
	07014
3. The general type of business transacted ur	nder the assumed business name is:
o. The general type of business transacted th	€
Retail Trade Transportation	on and Public Utilities
✓ Wholesale Trade ☐ Construction	
Services Agriculture	
	Submit Certificate of Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	₽
4. The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
V ( 2	Boise ID 83720-0080
10 10 CU.	
3625 Sky Harbor	A IV
CDELLA N' WEME " Dd. 839	817
5. Name and address for this acknowledgm	nent
COPY IS (if other than #4 above).	
	Secretary of State use only
	. <b>.</b>
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gnature: 4 Su Xo (Waa )	IDAHO SECRETARY OF STATE  04/21/2010 05:00
nted Name: Kinber Follewaa	ES
	IDAHO SECRETARY OF STATE  104/21/2010 05:00  CK: 202 CT: 247250 BH: 1218673  1 0 25.00 = 25.00 ASSUM HAME 1:
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