

Capacity/Title:\_

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

09 OCT -5 PM 1: 32

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

HEAVENI	LY PLACES
2. The true name(s) and business address(es business under the assumed business nam Name  TONI J. KITCHEN	
The general type of business transacted un  Retail Trade  Transportation	der the assumed business name is:
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
TONI J. KITCHEN	
122 W. MULLAN AVE. KELLOGG, ID 83837	(208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).  TONI J. KITCHEN	nt
122 W. MULLAN AVE.	Secretary of State use only
nature:  (signature reduired)  TONI J. KITCHEN  Dacity/Title:  OWNER	IDAHO SECRETARY OF STA

10/05/2009 05:00 CK: 401654404 CT: 158019 BH: 1189664 1 8 25.88 = 25.89 ASSUM MANE # 2

