Printed Name: Kyle

owner (see instruction # 8 on back of form)

Capacity/Title:___

CERTIFICATE OF 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. 00 FID - 4 AA 34 55

IDANO SECRETARY OF STATE @2/04/2009 95:00 CK: 5425 CT: 156810 BH: 1155466 Le 25.00 = 25.00 ASSUM NAME # 2

NOTE: See instructions on reverse before filing	SECRETATION OF STATE STATE OF IDAMO	H H
The assumed business name which the undersigned business is:		CH
Backwards K weld	ling & supply	
2. The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing	
Name Kyle Kofford	Complete Address	
Cinaly Kolford	Pingree 7d 83262	<u> </u>
3. The general type of business transacted under the	assumed business name is:	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208.334-2301	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):(084-5183	
some as above	Secretary of State use only	
nature:		