



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2017 APR -3 AM 10:39

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

KAPU KNIVES

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) Heath C Lowe (Address) ~~83851~~ 1470 underpass RD

(Name) \_\_\_\_\_ (Address) Plummer, IDAHO 83851

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

3. The general type of business transacted under the assumed business name is:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Construction             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture              | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Services        | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

(Name) Heath C Lowe  
(Address) POB 706 plummer ID ~~83851~~  
(City) plummer (State) ID (Zipcode) 83851

5. Name and address for this acknowledgment copy IS (if other than # 4):

(Name) Heath C Lowe  
(Address) 1470 underpass RD  
(City) Plummer (State) ID (Zipcode) 83851

Printed Name: HEATH C LOWE

Signature: *Heath C Lowe*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/03/2017 05:00

CK:1198 CT:337222 BH:1576838  
10 25.00 = 25.00 ASSUM NAME #2

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