

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.

Signature: Colleen Kungan Vlan

Printed Name: College Kinyon

Capacity/Title:

LED EFFECTIVE
dual(s) doing
\ddress
PT 7, BUHL ID 83316
, BUHL, ID 83316
ness name is:
ertificate of Business d \$25.00 fee to:
of State t Jefferson t West 33720 83720-0080 2301

The true name(s) and business address(es)	of the entity or individual(s) doing
ousiness under the assumed business name Name COLLEEN KINYON	Complete Address 556 SAWTOOTH APT 7, BUHL ID 83316
DIANA KAMINSKI	3651B N 1000 E, BUHL, ID 83316
The general type of business transacted und ☐ Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to: Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson Basement West
DIANA KAMINSKI	PO Box 83720 Boise ID 83720-0080 208 334-2301
3651B N 1000 E, BUHL, ID 83316	

Diana Kaminska

OWNERS

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

| 08/20/2004 | 05:00 |
| CK: 2863 | CT: 158810 | BH: 761939 |
| 1 25.80 = 25.80 | ASSUM NAME # 2