



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.

FILED EFFECTIVE
2009 MAY 13 AM 10:53

SECRETARY OF STATE
STATE OF IDAHO

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

KILLGORE LAND CO.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Kurtis C. Killgore LLC</u>	<u>W83921 3252 Waterfront Dr White Bird Id 83554</u>
<u>Heather C. Killgore LLC</u>	<u>W83923 3252 Waterfront Dr White Bird Id 83554</u>

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

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

4. The name and address to which future correspondence should be addressed:

KILLGORE LAND CO. - Heather Killgore
3252 WATERFRONT DR CR FORT
White Bird Id 83554 Killgore

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

SAME

Signature: Heather C. Killgore
(signature required)

Printed Name: Heather C. Killgore

Capacity/Title: DANCE + Manager/organizer
(see instruction # 5 on back of form)

Secretary of State use only

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Revised 04/2008

IDAHO SECRETARY OF STATE
05/13/2009 05:00
CK: 239792 CT: 172899 DM: 1178310
1 @ 25.00 = 25.00 ASSUM NAME # 6

D/30700