



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 DEC 20 AM 9:01

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

King of Birds Taxidermy

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

<u>Name</u>	<u>Complete Address</u>
<u>Jason James Killinger</u>	<u>1340 Lawndale Dr</u>
<u>Rebecca Ann Blair</u>	<u>Twin Falls, Id</u>
	<u>83301</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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

1340 Lawndale Dr
Twin Falls, Id
83301

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Jason Killinger

Printed Name: Jason J Killinger

Capacity/Title: Owner - OPERATOR

Signature: Rebecca A Blair

Printed Name: Rebecca A Blair

Capacity/Title: Owner - OPERATOR

IDAHO SECRETARY OF STATE
12/20/2013 05:00
CK: 127 CT: 290083 BH: 1402697
1 @ 25.00 = 25.00 ASSUM NAME # 2

D167703