## FILED EFFECTIVE



Capacity/Title: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 MAR -6 AM 8: 47

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	KOL-CONSULTIN	10	
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:		÷
	Name	Complete Address	7 :
	KATE D. LYSTER BOW	OAKST.	
•	SAN	DDOINT, ID.	
•		83864	
•			
3. T	he general type of business transacted under the	assumed business name is:	
	Transmission ( 12)	Alla I Militaa	3 2
	Retail Trade Transportation and Pu	DIIC UTIIITIES	
	Wholesale Trade Construction		
	Services Agriculture	Submit Certificate of	
	☐ Manufacturing ☐ Mining	Assumed Business Name and \$25.00 fee to:	
	☐ Finance, Insurance, and Real Estate	Name and <b>\$20.00</b> lee to.	*
. T	he name and address to which future	Secretary of State	
C	orrespondence should be addressed:	700 West Jefferson	
	100 LAKESHORE DR.	Basement West PO Box 83720	
	CAGIE ED 83800	Boise ID 83720-0080	
	1900 70 0000	208 334-2301	
	Name and address for this acknowledgment	Phone number (optional):	•
1	COPY IS (if other than # 4 above).		
•		Secretary of State use only	
	<del></del>	•	

IDANO SECRETARY OF STATE

#33/96/2099 #5: #90

CK: 1310 CT: 234839 BH: 1160124

1 8 25.00 = 25.00 ASSUM NAME #

1)128914