

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

 The assumed business name which the un business is: 	
	* KEAL Estate Services
The true name(s) and business address(es business under the assumed business nan Name	me:
There, uc	Complete Address
(072PE W)	HANDEN, TO 83835
3. The general type of business transacted un	nder the assumed business name is:
	n and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: **BEZ_UC DEA REALISME SERVE STATE	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208-209-1026
	Secretary of State use only
ed Name: Teth T. CACORAL	ed 04/2003
acity/Title: MEMBEO (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 93/06/2007 95 16 CK: 6221 CT: 125030 RH: 1037

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