

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

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	CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the unsubmits for filling a certificate of Assumed Businesse type or print legibly. Instructions are included on back of applications.	ndersigned STATE OF DESTATE
1.	The assumed business name which the under business is: Kimpton & Co, CPAs	"/(/
2.	The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Kevin E. Kimpton, CPA, P.C. (C 13/473)	f the entity or individual(s) doing <u>Complete Address</u> 5 E 6th Ave, Post Falls, ID 83854-7617
3.	The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	•
4.	The name and address to which future correspondence should be addressed: Kevin E Kimpton 605 E 6th Ave Post Falls, ID 83854	Secretary of State 450 North 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):	
	ture: ////////////////////////////////////	Secretary of State use only
Capacity/Title: President		
Signature: IDAHO SECRETARY OF STATE		
Printed Name:		12/24/2012 05:00 12/24/2012 05:00 CK: 1674 CT: 192605 BH: 1352818 1 0 25.00 = 25.00 ASSUM NAME # 2

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Capacity/Title: