

Signaturo

Printed Name:

Capacity/Title:

(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.

FILED EFFECTIVE 10 MAY -3 AM 8: 54

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the business is:  New Kier Formatter  1. The assumed business name which the business is:  New Kier Formatter  1. The assumed business name which the business is:  New Kier Formatter  1. The assumed business name which the business is:  New Kier Formatter  1. The assumed business name which the business is:	ne undersigned use(s) in the transaction of
The true name(s) and business address business under the assumed business     Name	ss(es) of the entity or individual(s) doing name:  Complete Address
Teannine Maynar	2689 W. Wilbur Ave Coeur d'Alene Idaha 83815
3. The general type of business transacte	ed under the assumed business name is:
<b></b>	ation and Public Utilities tion Te Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720
2689 W. Wilburt Coeur d'Alene In	Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above):	838/5 gment
	Secretary of State use only

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